



Charles County Department of Health  
Division of Environmental Health Services  
4545 Crain Highway/P.O. Box 1050  
White Plains, MD 20695  
301-609-6751 Fax: 301-609-6684

Official Use:

Received: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Date Paid: \_\_\_\_\_

## On-Site Sewage Disposal Site Evaluation Application (Percolation test)

**PRIVATE CONSULTANT**

Application must be **complete** and submitted by the private consultant. The appropriate application fee must also included at the time of submission. Checks should be made payable to the "Charles County Department of Health". Application fees are as follows: Conventional and Soundmound **\$125.00**; Alternative System **\$210.00**.

Applicant \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_

**Election District** \_\_\_\_\_ **Tax Map** \_\_\_\_\_ **Grid** \_\_\_\_\_ **Parcel** \_\_\_\_\_ (required)

**Property Account/Tax Identification Number** \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Section \_\_\_\_\_

Directions (specific) \_\_\_\_\_

**Proposed Use:** New Construction \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_

**Water Source:** Community \_\_\_\_\_ Private (drilled) \_\_\_\_\_

**Test Type:** Conventional \_\_\_\_\_ Sandmound \_\_\_\_\_ Alternative System \_\_\_\_\_

1. Are there any existing homes on this property? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Name of private consulting firm \_\_\_\_\_

3. Lots/Sites greater than five (5) require a preliminary plan from a surveyor.

4. Required Fee(s): Department of Health \$125.00/conventional and Sandmound; \$210/Alternative System

5. Number of Lots/Sites \_\_\_\_\_ Times cost per site \_\_\_\_\_ Total amount of payment \_\_\_\_\_

**\*\*For any refunds issued, a \$25.00 administration fee will be deducted from payments made\*\***

*The applicant hereby certifies and agrees as follows:*

*(1) that he/she is authorized to make this application; (2) that the information is correct; (3) that he/she will comply with all applicable State and County regulations; (4) that he/she grants County officials the right to access to the property for the purpose of conducting the work.*

Signed \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Soil Type \_\_\_\_\_ Wet season test required \_\_\_\_\_ Unrestricted test (conditional) \_\_\_\_\_

Is proposal in compliance with the Charles County Comprehensive Water and Sewer Plan? \_\_\_\_\_

Previous tests conducted? \_\_\_\_\_ Reviewed by \_\_\_\_\_

**(NOTE: DO NOT TEST S1 THRU S4 SEWER CATEGORIES)**

Test Scheduled for: Date \_\_\_\_\_ Time \_\_\_\_\_ Sanitarian \_\_\_\_\_

Notified by: Mail \_\_\_\_\_ Phone/Confirmed \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

COMMENTS: \_\_\_\_\_