



APPLICATION FOR SOIL PERCOLATION TESTS  
 BALTIMORE COUNTY, MARYLAND  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION & SUSTAINABILITY  
 111 W. CHESAPEAKE AVENUE, RM 305  
 TOWSON, MARYLAND 21204  
 410-887-2762

Please Print or Type Election District \_\_\_\_\_

Address or Location of Property \_\_\_\_\_

(Address or Road name, direction, and distance to nearest intersection)

Tax Account # \_\_\_\_\_ Zoning Designation \_\_\_\_\_ Tier Designation \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_ No. of Lots to be Tested  
 (Existing and New) \_\_\_\_\_

Owner's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Proposed Use: New  Existing  Residential  Commercial  Industrial

Water Supply: Individual Well  Existing  Proposed  Metropolitan (public)

Send direct communication to: Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

**Special Notes:**

This application is hereby made for percolation testing test to determine suitability of the above-referenced site for installation of an individual sewage disposal system in accordance with the Annotated Code of Maryland Regulation Title 26.04.02. **This is not a permit application to install a system.**

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

1. Four plot plans must accompany this application. The plot plans must be prepared in accordance with the criteria listed in the Ground Water Management Policy Manual (or the Perc Application Checklist).
2. A non-refundable fee is required for each lot. Make check payable to "BALTIMORE COUNTY, MD"

**Please note: Application expires one year from date of issue.**

**DO NOT WRITE BELOW THIS LINE**

DEPT. OF ENVIRONMENTAL PROTECTION (GWM): Reviewer \_\_\_\_\_

Master Water and Sewer Plan Designation W-\_\_\_\_ S-\_\_\_\_ Flood Plain Yes / No

(If S-1, S-3 or S-5) Justification for Variance to the Master Water and Sewer Plan Needed Yes / No

Requires Review: Environmental Impact Review  Department of Planning  Department of Public Works

Cash Receipt No. \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_