**SOMERSET COUNTY HEALTH DEPARTMENT \* 8928 SIGN POST ROAD \* WESTOVER, MD 21871**

**443-523-1730 PHONE \* 410-651-3425 FAX**

**$300 FEE IS DUE AND PAYABLE AT TIME OF APPLICATION.**

**THIS IS A NON-REFUNDABLE FILING AND PROCESSING FEE.**

**SOIL EVALUATION APPLICATION**

\*\*Please fill out shaded area. DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_

OWNER APPLICANT

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAX MAP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BLOCK \_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARCEL \_\_\_\_\_\_\_\_\_\_\_\_\_\_ LOT \_\_\_\_\_\_\_\_\_\_

PROPERTY LOCATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOT SIZE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SINGLE LOT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SUBDIVISION \_\_\_\_\_\_\_\_\_\_\_\_\_

RESIDENTIAL \_\_\_\_\_\_\_\_\_\_\_\_\_ COMMERCIAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **PERCOLATION TEST**

SOIL TYPE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MAN. AREA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WATER TABLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WATER ADDED \_\_\_\_\_\_\_\_\_\_\_\_\_

TIME FIRST INCH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOLE DIAMETER/SIZE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TIME SECOND INCH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONVERTED RATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SOIL PROFILE**

DEPTH COLOR DESCRIPTION

TEST CONDUCTED BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPROVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DISAPPROVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_