



**Public Health**  
Prevent. Promote. Protect.  
Somerset County  
Health Department

**Somerset County Health Department**  
8928 Sign Post Road, Suite 2, Westover, Maryland 21871  
443.523.1700 - Fax 410.651.5680 - TDD 1-800-735-2258

Health Officer: Danielle Weber, MS, RN

**Land Evaluation and Perc Test Application**

A \$300 FEE IS DUE AND PAYABLE AT TIME OF APPLICATION, THIS IS A NON-REFUNDABLE FILING AND PROCESSING FEE

Owner:		Applicant:		
Address:		Address:		
Phone:		Phone:		
Email:		Email:		
Property Tax ID	Tax Map	Grid	Parcel	Block/Lot #

**Proposal – Check One Below**

*Residential (Proposed 4 Bedroom Maximum)*

- Parcel is a single lot of record with no current Health Department perc approval. Will remain single lot.
- Single new lot to be subdivided from parcel that has existing livable dwelling on it.
- New single lot to be subdivided from parcel that has no dwelling.
- Multiple lot subdivision from parcel that has existing livable dwelling on it.
- Multiple lot subdivision from parcel that has no dwellings.

*Commercial (Minimum Flow is 600 GPD)*

- This is a proposed commercial facility.

Owner's Authorization: The applicant hereby certifies and agrees as follows: (1) He/She is authorized to make this application; (2) the information is correct; (3) grants county officials the right to enter the property for the purpose of site work; (4) understands that the applicant may have to provide a backhoe at their own cost for site work; (5) understands that applications received after January 1<sup>st</sup> may not be completed that calendar year.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are not the owner, then you must provide written permission from the property owner.**

Please attach a copy of the site plan showing proposed test site.

Contact Somerset County Health Department (443-523-1700) once the site is visibly marked and five (5) gallons of water are placed at the site. Work will not begin until this step is completed.

\*\*\*\*\*Do Not Write Below This Line\*\*\*\*\*

Test Conducted By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_