



**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 Lori Brewster, MS, APRN/BC, LCADC

### 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	Block/Grid	Parcel	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 site plan showing proposed test site.

**Contact Somerset County Health Department at 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: \_\_\_\_\_