



**ST. MARY'S COUNTY
HEALTH DEPARTMENT**

Meenakshi G. Brewster, MD, MPH - Health Officer

Administration, Records & Health Services: 301 – 475 – 4330
Environmental Health: 301 – 475 – 4321
Medical Assistance Transportation: 301 – 475 – 4296
Maryland Relay Service: 1 – 800 – 735 – 2258
Email: smchd.env@maryland.gov

PERC TEST APPLICATION

*Please complete the following information in full
to avoid delays in processing your application. Payment
must be received prior to processing*

Fee Paid: _____ Invoice # _____

Received By: _____

Property Address: _____ Tax ID # _____

Tax Map _____ Parcel _____ Lot _____ Block _____ Sec _____ Subdivision _____

Property Owner: _____ Applicant _____

Mailing Address: _____ Mailing Address: _____

Phone Number: _____ Phone Number: _____

Alternate Number: _____ Alternate Number: _____

Email Address: _____ Email Address: _____

Name/phone # of person to contact with perc test date/time _____

Type Of Perc Test and Quantity:

Drainfield (quantity of test areas) _____ x \$385 per test area=\$ _____

Sand mound (quantity of test areas) _____ x \$385 per test area=\$ _____

Existing House Onsite: YES NO

Proposed Use (please check all that apply):

- Construct new structure Construct additional dwelling Subdivide
- Proposed addition to existing house Revise existing Sewage Reserve Area Other

Provide Attachments if Applicable:

- Contract of Sale or Written Notarized Permission to make an application if you are not the property owner.
- Recorded Deed(s) if property is not in a recorded subdivision.

I HEREBY SWEAR AND AFFIRM UNDER PENALTIES OF PERJURY THAT I HAVE THE AUTHORITY TO MAKE THIS APPLICATION AND THAT THE INFORMATION PROVIDED IS ACCURATE AND TRUE. I AGREE THAT I WILL COMPLY WITH ALL APPLICABLE STATE AND COUNTY REGULATIONS AND I GRANT ST MARYS COUNTY HEALTH DEPARTMENT OFFICIALS THE RIGHT TO ACCESS THE PROPERTY FOR THE PURPOSE OF CONDUCTING THE PERC TEST.

Applicant Name (printed)

Applicant Signature

Date