



Washington County Health Department

1302 Pennsylvania Avenue, Hagerstown, MD 21742

washcohealth.org
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Percolation Test Application

FEE AND CONCEPT PLAN MUST BE RECEIVED BEFORE APPLICATION CAN BE PROCESSED.

☐ Lot of Record Telephone: _____ - _____ - _____ Home Date Rec'd ____/____/____

☐ Subdivision (# of lots) _____ - _____ - _____ Cell Payment \$ _____
Receipt # _____

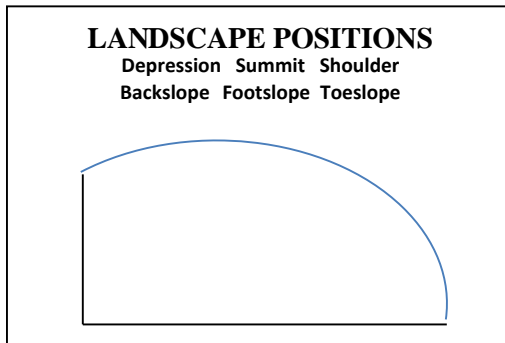
Name of Owner/Agent _____
Last First MI

Mailing Address _____
Street City State Zip Code

Property Location _____
Address, Subdivision, Lot#

Tax Map _____ GPS Coordinates N: _____ W: _____
Map # Grid # Parcel #

Official Use Only



Soil Type _____ Depth to Limiting Zone _____

Seasonal ☐ Yes ☐ No ☐ Water Encountered at _____ ft

Time to test _____ ☐ Rock Encountered at _____ ft

Percent Slope _____ ☐ Other Limiting Zone of _____
Actual Site, Measured at _____ ft

Test Date _____ ☐ No Rock or Water Encountered
mm/dd/yyyy at _____ ft

Observation Trench: Soil Profile Description

Horizon A,E,B, C,R	Depth in	Soil Matrix Color Hue, Value, Chroma	Mottles Color, size, % Total Volume	Texture (S)and (L)oam (Si)lt (C)lay	Structure		Rock Fragments Type & % Total Volume	Notes Consistence, Moisture, etc
					Grade	Type		

Remarks:

Environmental Health Specialist _____ Date: _____

Drawing/Location**Presoak Data**

Date
Time*Note: Rock Outcroppings and/or other obstructions to be drawn in***Percolation Test Data****Percolation Test Hook Gauge**

Percolation Test Data							Percolation Test Hole Data					
Perc Test Hole #	Hole Depth (in)	Hole Dia (in)	Perc Start Time	Perc Stop Time	Water Level (Nail)	Elapsed Time Hole #	Perc Test Hole #	Cylinder Dia (in)	Depth from top of Cylinder	Elapsed Time (min)	Measured Drop (in)	Rate (min/in)
					1→2→3							
					1→2→3							
					1→2→3							
					1→2→3							
					1→2→3							
					1→2→3							
					1→2→3							
					1→2→3							
Average Percolation Rate (min)										Average Percolation Rate (min)		

Perc Type: ☐ Conventional ☐ Trenches ☐ Sand Mound ☐ I & A Other _____

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ENVIRONMENTAL HEALTH240-313-3400 Voice • Call 711 for MD Relay TTY • 240-313-3424 Fax
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