



Perc Test Application and Permit Release

This form allows for the Health Department to be onsite to observe percolation testing and for the release of a permit, should one be needed, to the contractor listed below. If you wish to use another contractor, then a new form will be needed

Property Owner Information:

Name: _____ Owner's Signature: _____
Property Address: _____ Email Address: _____
Phone Number: _____

Use of Permit:

Residential: _____ bedrooms in the current dwelling. (This field is required; this form is not complete without this being filled out. Failure to fill out this section may result in delay of permits.)

Commercial: Attached narrative describing use and estimating maximum daily sewage flow.

Purpose of Permit:

Repair
New Construction/ upgrade/addition, reference building permit number _____
***** If a BAT is required, which unit will be installed: _____

Diagram:

- For repairs, submit a diagram to scale showing property lines, improvements, locations of existing well and septic system, and locations of neighboring wells within 100' of property lines. Contact Health Department if you need help. Call Miss Utility before scheduling!
For upgrade/additions and new construction, submit a copy of the final lot grading plan or a diagram to scale showing property lines, existing and proposed improvements, locations of existing or proposed well and septic system, and locations of neighboring wells within 100' of property lines.

The property owner certifies and agrees to the following:

- I am the owner of this property and the information provided with this application is to the best of my knowledge true and correct.
The Cecil County Health Department has my permission to enter onto this property to perform necessary tests, collect measurements, and inspect the work performed under this permit.
Any electrical work must be completed by a licensed electrician who obtains proper permits and electrical inspections.
The sewage system must be installed by a master plumber or by an individual authorized by the Cecil County Health Department. This permit will be issued to the individual installer identified below. If necessary, you must submit a written request to the Cecil County Health Department for approval of a different installer before installation occurs.

Installer's Name _____ Installer's signature _____ Updated 12/2020