



DPS

**Montgomery County
Department of Permitting Services**

255 Rockville Pike, 2nd Floor
Rockville, MD 20850-4166
Phone: 311 in Montgomery County or (240)777-0311
Fax: (240)777-6262



Request for Percolation Test Results

Date(s) of Percolation Testing (if known) _____

Address of Property _____
Street City State Zip Code

Subdivision _____ Lot ____ Block ____ Tax Map _____ Parcel _____

Name of original owner/applicant: (if known) _____

NOTE: A copy of the Plat or Vicinity Map should accompany all requests

PLEASE SEND INFORMATION TO: (Please circle preferred method of receipt)

Name: _____ Fax # _____ E-mail _____

Mailing Address:

_____ Street City State Zip Code

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

- This department has **no record** of percolation testing conducted on the above referenced property.
- Percolation testing was conducted on the above referenced property. **However, the testing did not demonstrate the presence of suitable soils** for the installation of a conventional septic system. We will be unable to issue any permit approvals for the property until sufficient 'water table' and percolation testing have been conducted.
Date(s) of percolation testing: _____
- Satisfactory percolation testing was performed on the property; however, present regulations require tests to be performed at **multiple depths at multiple sites** on the property to confirm a minimum 10,000 square foot usable septic reserve area. (Please call 240-777-0311 or visit our website for an application and submission details.)
Date(s) of percolation testing: _____
Percolation test results (depths and rates): _____
'Water table' test required: No Yes (Yes requires a 'water table' test February 1st thru April 15th before approvals can be considered.)
- Satisfactory** percolation tests were conducted on the above referenced property. A sewage disposal system permit may be issued upon the submission of an acceptable site plan with the appropriate fee.
Date(s) of percolation testing: _____
Percolation test results (depths and rates): _____
Additional notes: _____

Signature of reviewer: _____ Date: _____

PLEASE NOTE THAT PERCOLATION TEST RESULT ARE NOT VALID INDEFINITELY.