

**CALVERT COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
P.O. Box 980
Prince Frederick, MD 20678
410-535-3922/301-855-1557**

REQUEST FOR WATER SAMPLE

Property Owner _____ Phone Number _____

Tenants Name (IF NOT PROPERTY OWNER) _____ Phone Number _____

Requested By _____

Mailing Address _____

Street Address of Property _____

Directions to Property _____

Subdivision Name _____ Lot _____ Block _____ Section _____

Tax Map _____ Parcel _____

REASON FOR REQUEST

- Taste
- Color
- Odor
- Day Care (E.H. Survey Form Needed)
- Doctors Request (If so, Need Request in Writing)
- Other

PUBLIC WATER Yes No

SERVICES REQUESTED

Bacteriological \$90.00
 Chemical \$90.00 _____

(Please Specify)

NOTIFICATION

Separate State Laboratory fees effective January 15, 1992 will be presented to applicant at time of collection. The State Lab will not release results until payment is received.

Make checks payable to: CALVERT COUNTY HEALTH DEPARTMENT. A Sanitarian will contact you to schedule an appointment. Please allow two (2) to three (3) weeks for receipt of test results.

SIGNATURE _____ DATE _____

TAX ID# _____