



Department of Health – Charles County, Maryland  
 Division of Environmental Health Services  
 Post Office Box 1050, White Plains, Maryland 20695  
 Telephone: 301 609-6751 Fax: 301 934-0254

## Sanitary Survey Request

**Send this request with a check or money order payable to the Charles County Health Department for \$ 40.00. Sanitary Survey request forms and fees are necessary for all adoption, daycare and assisted living unit applications. No fees are charged for foster care homes but Sanitary Survey Request forms must still be submitted. If a water sample must be taken no collection fee will be charged by the Health Department – Charles County; additional Maryland State Laboratory analysis fees may still apply.**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Directions to Survey Site: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Name of Agency Requesting Survey: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

Agency Phone Number: (    ) \_\_\_\_\_ Contact Person: \_\_\_\_\_

Type of Facility: (    ) Adoption Home    (    ) Foster Home    (    ) Day Care  
 (    ) Other: \_\_\_\_\_

\*\*\*\*\*

Water Supply: (    ) Public                      (    ) Private

Sewage Disposal: (    ) Public                      (    ) Private

Refuse Disposal: (    ) Public                      (    ) Private

Animals: (    ) Dog    (    ) Cat    (    ) Ferrets    (    ) Other: \_\_\_\_\_  
Explain

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

---

**For Office Use Only-**

Comments: \_\_\_\_\_

Water Lab Invoice Number: \_\_\_\_\_