

Application # _____

CALVERT COUNTY HEALTH DEPARTMENT
Division of Environmental Health
PO Box 980
Prince Frederick MD 20678
410-535-3922 / 301-855-1557

REQUEST FOR WATER SAMPLE

Do you have PUBLIC WATER? Yes ** No

**** Our office does not test public water.**

For public water quality questions or concerns please reach out to your water provider for testing results.

Testing Requested By _____

Property Owner Name _____ Phone # _____

Email Address: _____

Mailing Address: _____

Tenant Name (IF NOT OWNER) _____ Phone # _____

Email Address: _____

Mailing Address: _____

Street Address of Property _____

Subdivision Name _____ Lot _____ Block _____ Section _____

OR

Tax Map _____ Parcel _____

REASON FOR REQUEST

Taste

Day Care (Attach EH Health Survey Form)

Color

Doctors Written Request (Attach copy of request)

Odor

Other:

SERVICES REQUESTED

Bacteriological

Chemical *

(* Must specify chemical you're requesting testing for.)

Make checks payable to: CALVERT COUNTY HEALTH DEPARTMENT

Please refer to the current Environmental Health Fee Schedule, page one for costs.

NOTIFICATION:

A Sanitarian will contact you to schedule an appointment. Please allow two (2) to three (3) weeks for receipt of test results.

Separate State Laboratory fees will be presented to applicant at time of collection. An Invoice for payment of those fees will be left for mailing directly to the lab. The State Lab will not release results until payment is received.

SIGNATURE _____ DATE _____

PROPERTY TAX ID# _____