



**Public Health**  
Prevent. Promote. Protect.

Frederick County Health Department

**FREDERICK COUNTY HEALTH DEPARTMENT**  
**Environmental Health Services**  
350 Montevue Lane Frederick MD 21702  
301-600-1726 (information)/301-600-3180 (fax machine)  
Email to [InformationResearchRequests@FrederickCountyMD.gov](mailto:InformationResearchRequests@FrederickCountyMD.gov)

**INFORMATION RESEARCH REQUEST FORM**

Date \_\_\_\_\_

This document serves as a formal request for information on the property located at

Street Address \_\_\_\_\_

Subdivision Name \_\_\_\_\_

Lot # \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Year Built \_\_\_\_\_

Well Identification Tag Number \_\_\_\_\_ (tag should be attached to well casing)  
(if requesting well information)

**\*\*\*ALL INFORMATION BELOW MUST BE PROVIDED OR REQUEST WILL NOT BE PROCESSED\*\*\***

Name of property owner at the time of well and/or septic installation, or at the time of repair or replacement. It is the requesters responsibility to provide the necessary information for our staff to complete the research request. A deed search may be required prior to form submission in order to locate information requested.

**Real Property Search** <http://sdat.dat.maryland.gov/RealProperty/Pages/default.aspx>

**Maryland Deed Search** <https://mdlandrec.net/main/index.cfm>

**Current Owner's Full Name** \_\_\_\_\_

**AND**

**Previous Owner's Full Name** Back to 1950 or year installation occurred \_\_\_\_\_

**\*\*\*(This information must be provided or request will NOT be processed)\*\*\*** \_\_\_\_\_  
\_\_\_\_\_

Provide me with the following information

**EXISTING PROPERTY WITH DWELLING**

**NEW PROPERTY WITH NO DWELLING**

- |   |   |
|---|---|
| _____ well completion report                        | _____ well completion report (for developed property) |
| _____ existing septic location                      | _____ proposed septic location (new lots)             |
| _____ bedrooms permitted with current septic system | _____ total bedrooms allowed (perk results)           |
| _____ other (be specific) _____                     |   |

Requested by  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (home) \_\_\_\_\_  
(work) \_\_\_\_\_  
(fax) \_\_\_\_\_

Information to be  
\_\_\_\_\_ picked up in office  
\_\_\_\_\_ faxed  
\_\_\_\_\_ mailed  
\_\_\_\_\_ emailed to  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Requested information for well and septic will be returned to you within a **minimum** of ten (10) working days of receipt. Percolation verification and other technical questions requests may take up to 30 days.

**NOTE: INCOMPLETE REQUEST FORMS WILL NOT BE PROCESSED.**