

## **FREDERICK COUNTY HEALTH DEPARTMENT APPLICATION FOR EVALUATION OF INDIVIDUAL WATER SUPPLY**

### **Part 1 – Application**

- Complete top portion of application
- Include \$50 fee with application and make check payable to Frederick County Health Department (FCHD)
- Drop off or mail application/payment
  - Drop off application/payment any time of day in the secured black drop box (Entrance A) or weekdays from 8:00 to 4:30 at Environmental Health Services (Entrance D)
  - Mail application/payment to  
Frederick County Health Department  
Attn: Environmental Health Services  
350 Montevue Lane  
Frederick, MD 21702

### **Part 2 – Appointment Scheduling**

- After the completed application and \$50 fee are received, FCHD staff will call to set up an appointment.
- Any questions about the application or sampling fee should be directed to Environmental Health Services at 301-600-1717.

### **Part 3 – Water Sample and Lab Fee**

- Water samples are analyzed by the Maryland Department of Health (MDH) State Lab and require a separate \$41 fee for each bacterial analysis.
- The Laboratories Administration fee will be collected by FCHD staff during your appointment and will accompany your water sample to the lab. **This fee is separate from the application fee and should not be included with the application.** The lab accepts checks and money orders only. Payments should be made out to Laboratories Administration.

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APPLICATION FOR EVALUATION OF INDIVIDUAL WATER SUPPLY**

Applicant's Name:	Facility Name (if applicable):
Mailing Address:	Property Address (if different from Mailing):
Phone:	Other Phone (optional):
Email:	
Any additional directions (e.g. long driveway, house type and color, etc.):	
Reason for Water Supply Evaluation:	<b>Water Treatment Present:</b> <input type="checkbox"/> Family Day Care <input type="checkbox"/> Chlorinator <input type="checkbox"/> Neutralizer <input type="checkbox"/> Foster Care or Adoption <input type="checkbox"/> UV Light <input type="checkbox"/> Water Softener <input type="checkbox"/> General <input type="checkbox"/> Reverse Osmosis <input type="checkbox"/> None

**--- For Office Use Only ---**

SAMPLER	DATE	LAB RESULTS	PH	CL

INVOICE NUMBER: \_\_\_\_\_

COMMENTS: