

# **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.

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

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

--- For Office Use Only ---

SAMPLER	DATE	LAB RESULTS	PH	CL

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

COMMENTS: