



Washington County Health Department

1302 Pennsylvania Avenue, Hagerstown, MD 21742

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APPLICATION FOR SANITARY SURVEY

Application Date: _____ County: _____

PLACEMENT AGENCY INFORMATION:

Name: _____ Phone: _____

Fax: _____

Address: _____

Agency Contact (Social Worker): _____

FACILITY TO BE SURVEYED INFORMATION:

Name: _____ Phone: _____

Address: _____

Number Currently Residing in Home: _____ Adults _____ Children

Number of Clients Requested: _____ Adults _____ Children

WATER SUPPLY: Public _____ Private _____ **(\$25.00 FEE)**
If Private – Is there any treatment on the well? _____
If Yes – What type of treatment? _____

SEWAGE DISPOSAL: Public _____ Private _____ **(\$20.00 FEE)**
If Private – Approximate year septic was installed (if known) _____
Owner of property at time of installation (if known) _____

TO BE COMPLETED BY HEALTH FACILITY:

_____ APPROVED _____ DISAPPROVED

Comments : _____

Signature _____ Title _____ Date _____

OFFICE USE ONLY

Receipt #: _____ Date: _____ Amount: _____

ENVIRONMENTAL HEALTH

240-313-3400 Voice • Call 711 for MD Relay TTY • 240-313-3424 Fax