



HARFORD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SURVEY REQUEST

Type of survey requested. (check applicable box)

- Foster care
- Adoptive care
- Project Home

Is this a new application or a relicensing request? _____

Name, address, and phone number of agency requesting inspection: _____

Email Address: _____

Name of applicant: _____

Mailing address of applicant: _____

Email address of applicant: _____

Site/Inspection address of applicant (if different from mailing address) _____

Home phone number: _____ Work phone number: _____

ENTER THE FOLLOWING INFORMATION FROM THE APPLICANT'S HARFORD COUNTY PROPERTY TAX BILLING NOTICE:

Tax Map: _____ Parcel: _____ Lot Number: _____ Tax ID Number: _____

Subdivision Name: _____

Best time to contact: _____

Source of drinking water: _____ private well _____ public supply

In case of a private well, the name of the MD certified laboratory collecting and analyzing water samples: _____

Collection date of water samples: _____

ATTACH WATER SAMPLE RESULTS OF BACTERIOLOGICAL & NITRATE ANALYSIS TO THIS FORM.

Method of sewage disposal: _____ on-site septic system _____ public sewer

In the case of a family day care home only, will a swimming pool be utilized? ___ yes ___ no

SECTION TO BE COMPLETED BY HEALTH DEPARTMENT

Status of home: _____ approved _____ denied

Comments: _____

Sanitarian: _____ Date: _____