



**Charles County Department of Health  
 Division of Environmental Health Services  
 4545 Crain Highway/P.O. Box 1050  
 White Plains, MD 20695  
 301-609-6751 Fax: 301-609-6684**

Official Use: Amount Due: _____ Date Paid: _____
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### Water Sample Request

Mail this form with an enclosed check or money order for \$30.00 to: Charles County Health Department, P.O. Box 1050, White Plains, Maryland 20695-1050.

Additional fees required by the State of Maryland, Department of Health and Mental Hygiene, Laboratories Administration.

*For further information and assistance please call Monday-Friday, 8:00 am –5:00 pm at (301) 609-6751.  
 The office is closed 12:30 pm – 1:30 pm daily.*

Applicant Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**The Following is information on the property to be sampled – If different than above**

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Home Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_  
 Directions to Property: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Election District: (if known): \_\_\_\_\_ Type of Well: Dug : \_\_\_\_\_ Drilled: \_\_\_\_\_  
 Reason for Request: \_\_\_\_\_  
 \_\_\_\_\_

By submitting this application, I acknowledge that I have the authority to request this sample for the property and that I am providing access to the Department to the property and structure.

\_\_\_\_\_  
 Signature Date

**\*For Office Use Only\***

State of Maryland, Department of Health and Mental Hygiene Invoice#: \_\_\_\_\_



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TO: Charles County Residents

FROM: Environmental Health Services Division

DATE: June 11, 2024

RE: Fees for Well Water Analysis

The following is the procedure used by this office:

1. An invoice will be completed as to the homeowner's information, date, collector's name and county when the sample is taken.
2. The parameters to be tested must be checked and the cost associated with each must be carried over, and then a total cost should be calculated.
3. The original copy (first page) of the completed invoice will be submitted to the laboratory (along with the well water sample testing form(s)).
4. The remaining two copies of the invoice are left with the homeowner.
5. Lab results will be sent to the Charles County Health Department, Environmental Health Services.
6. Any questions may be directed to:  
Charles County Health Department  
Water Sampling Program  
Environmental Health Division  
White Plains, Maryland 20695 -1050  
Phone: (301) 609-6751