



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:
Date Received: _____
Amount Due: _____
Date Paid: _____

Sanitary Survey Request

Application must be **complete** and accompanied by the appropriate application fee and site plan in order to be processed. Checks should be made payable to the "Charles County Department of Health". Application fee is \$40.00. Sanitary Survey request forms and fees are necessary for all adoption, daycare and assisted living unit applications. No fees are charged for foster care homes, but Sanitary Survey Request forms must still be submitted.

Name: _____ Email Address: _____

Mailing Address: _____

Street Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Property ID/Tax Identification Number: _____

Home Phone: () _____ Work Phone: () _____

Type of Facility: () Adoption Home () Foster Home () Day Care () Assisted Living Unit

Pets: () Dog Name(s) of Dog(s): _____

() Cat Name(s) of Cat(s): _____

() Ferret Name(s) of Ferret(s): _____

() None *Proof of current rabies vaccination must be provided for all of the animals listed above.

Water Supply**: () Public () Private Sewage Disposal: () Public () Private

****If the facility is on private water, the owner may submit results from a Maryland Certified Lab or submit a Water Sample Request to the Charles County Department of Health. If a water sample must be taken, a collection fee will be charged for Adoption Homes, Assisted Living Units and Daycare requests. Charles County Department of Health will not charge a water sample collection fee for foster home requests. Additional Maryland State Laboratory analysis fees will apply for Foster Home, Daycare, and Assisted Living Unit water samples; however, laboratory fees are not collected for Adoption Home requests.**

If the facility is on a private sewage disposal, a site visit will be made.

Signature of Applicant: _____ Date: _____

Name of Agency: _____

Agency Mailing Address: _____

Agency Phone Number: () _____ Contact Person: _____

Email Address: _____

*******For Health Department Use Only*******

Private Water Supply: Approved _____ Disapproved _____ Water Lab invoice number _____

Private Sewage Disposal: Approved _____ Disapproved _____

Vaccination Certificates Provided and Current: Approved _____ Disapproved _____

Comments _____

Signed _____ Date _____