

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 www.charlescountyhealth.org

Official Use:
Amount Due:
Date Paid:

Water Sample Request

Application must be **complete** and accompanied by the appropriate application fee when submitted. Checks should be made payable to "Charles County Department of Health". Application fee is **\$55.00**.

NOTE: Additional fees required by the Maryland Department of Health, Laboratories Administration.

Applicant Name:		
Mailing Address:		
Phone Number:	Email Address:	
The following is information on the property	y to be sampled – If different than abov	re
Name:		
Mailing Address:		
Home Phone #:	Cell Phone #:	
Directions to Property:		
Election District: (if known):	Type of Well: Dug :	Drilled:
Reason for Request:		
By submitting this application, I acknowle and that I am providing access to the Dep	o , , ,	,
Signature		Date
For Office Use Only		

Maryland Department of Health 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.
- 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