



Water Sample Request

Date: _____

Name: _____

Property Address: _____

Mailing Address (if different from above): _____

Phone: Home/Work: _____ Cell: _____

Email: _____

Directions to property:

Type of Well: Drilled: _____ Dug: _____

Is the outside faucet turned on: _____

Problem with water: _____

Is this water sample for a sale or refinancing of a house: _____

If yes, what is the closing date: _____

Please enclose a check made payable to St. Mary's County Health Department for \$58 and return the request to St. Mary's County Health Department, Office of Environmental Health, P.O. Box 316, Leonardtown, MD 20650.

NOTE: In addition, our fee, a lab fee must be paid directly to the state lab in Baltimore. A list if these fees will be left with you at the time the sample is taken. Please include the invoice number when paying the state lab.

Revised 05/16