

INSTRUCTIONS FOR COMPLETING THE REQUEST FOR RECORDS FORM

The following are instructions for completing the Request for Copies of Septic or Well Records form for residential and commercial properties served by an on-site sewage disposal system and/or well water supply. The information listed below corresponds to the items listed on the Request for Records Form.

Tax Account Number: Transfer the 12-digit tax account number from your County property tax bill.

Property Street Address: Indicate the street address of the property including house number.

Perc Number: Indicate the perc application number for the property (if available).

City or Subdivision: Indicate the city or subdivision of the property.

Requested Records: Please check the appropriate box on the request form for:

Septic Drawing: Layout for the septic system

Soil Log: Results from the percolation test(s)

Site Plan Recommendations: Septic system design recommendations

Site Plan: Approved site plan

Complete Perc Application File: Entire file that includes the Soil Log, Site Plan Recommendations, and a site plan

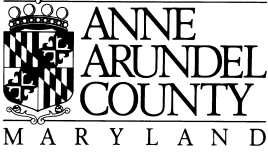
Well Completion Report: Well installation information

Mail Records to: Provide name and mailing address. Include city, state, and zip code. The record will be mailed to this address.

Applicant Information: Applicant must sign and date the request form and provide a contact phone number.

Mail Request to: Anne Arundel County Department of Health
Environmental Health Division
3 Harry S. Truman Parkway
Annapolis, MD 21401

For More Information Contact: Sanitary Engineering Program
Environmental Health Division
Anne Arundel County Department of Health
3 Harry S. Truman Parkway
Annapolis, MD 21401
410-222-7193



DEPARTMENT OF HEALTH

Sanitary Engineering Program
Environmental Health Division
3 Harry S. Truman Parkway
Annapolis, Maryland 21401

(410) 222-7193 Fax (410) 222-7678

REQUEST FOR COPIES OF SEPTIC OR WELL RECORDS

PROPERTY INFORMATION:

Note: The tax account number and the complete property address must be provided. Transfer the tax account number from your tax bill.

Tax Account Number

Property Street Address

Perc Number (if available)

City or Subdivision

REQUESTED RECORD: Please check appropriate box and please indicate whether you will pick up the record or you would like it to be mailed.

SEPTIC DRAWING SOIL LOG SITE PLAN RECOMMENDATIONS SITE PLAN

COMPLETE PERC APPLICATION FILE WELL COMPLETION REPORT

Well Tag# (on well):

PICKUP or MAIL RECORDS TO:

Name:

Address:

City, State, Zip:

Note: Records will be mailed or are available for pick-up at the Department of Health.

I understand my Request may take up to 30 days to process.

Applicant Name (please print)

Date

Applicant Signature

Phone Number

FOR OFFICE USE ONLY

NO RECORD FOUND

DATE RECEIVED

DATE COMPLETED

COMMENTS:

STAFF INITIALS