



Department of Health

Septic System Video Request

Please complete this form and return it, along with a check for \$5.00 (County residents) or \$10.00 (out of County residents) to Anne Arundel County Department of Health, 3 Harry S Truman Parkway, Annapolis, Maryland 21401; Telephone 410- 222-7193.

*****Note:** Checks must be made payable to Anne Arundel County Controller.
A Septic Educational Video specific to your property will be mailed to you within approximately 7-10 days.

Owner's Name: _____

Phone Number: _____

Home: _____

Office: _____

Address of Property:

(NUMBER) (STREET)

(CITY) (STATE) (ZIP CODE)

Mailing Address (if different than property address): _____

Check which items apply specifically to your septic system:

SEPTIC SYSTEM COMPONENTS:

- DRAINFIELD
- DRYWELL
- MOUND SYSTEM
- PRESSURE DOSED BED
- RECIRCULATING SAND/SHALE FILTER
- PUMP TANK

SIZE: _____ (GALS)

SEPTIC TANK:

- CONCRETE
- PLASTIC
- STEEL
- OTHER: _____

SIZE OF SEPTIC TANK: _____ (GALS)

DO NOT WRITE BELOW THIS LINE

Fee Received: \$ _____

Anne Arundel County Department of Health _____
(RECEIVED BY) (DATE)

Type of Video Provided:

- Conventional System
- Mound/Pressure Distribution System
- Recirculating Filter System

Receipt Number: _____