

DEPARTMENT OF HEALTH Well Water Analysis Request for Radium

Complete and return this form with the appropriate fees to the Anne Arundel County Department of Health, 3 Harry S. Truman Parkway, Annapolis, Maryland, 21401; Telephone 410-222-7398.

Gross Alpha Test \$125.00 (includes sample collection and laboratory analysis fees)
Radium 226/228 Fee \$158.00 (includes sample collection, laboratory analysis and shipping/handling fees)

**Note: Checks must be made payable to Anne Arundel County Controller.

**Note: With receipt of this form, the owner grants permission to access the property listed below to collect the requested water samples and inspect the well.

OWNERS NAME:			PHONE NUMBER:	
			HOME:	
TENANT'S NAME: ADDRESS OF PROPERTY:			OFFICE:	
			TENANT:	
			WELL TAG #:	
NUMBER	STREET		· · · · · · · · · · · · · · · · · · ·	
			LOCATION OF WELL:	
SUBDIVISION				
CITY	STATE	ZIP CODE	DEPTH OF WELL:	
DIRECTIONS TO PROPERTY	Y:			
MAIL RESULTS TO:				
Type of Test Required:	Outside Tap:	☐ Yes ☐ No	Location:	
☐ Gross Alpha ☐ Radium 226/228	Water Turned On:	☐ Yes ☐ No		
Type of Water Treatment:	Dog On Premises:	☐ Yes ☐ No		
☐ Water Softener	Locked Gates:	☐ Yes ☐ No		
Reverse OsmosisOther	Water Treatment:	☐ Yes ☐ No		
	DO NOT WR	ITE BELOW THIS I		
Fee Received: \$		Receipt Number:		
Anne Arundel County Departn	nent of Health:	RECEIVED BY	DATE	