



Washington County Health Department

1302 Pennsylvania Avenue, Hagerstown, MD 21742

washcohealth.org
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REQUEST FOR RECORDS RETRIEVAL

Information requested: Septic Well Perc Test

Property Location: _____

Previous Road Name (If renamed): _____

Subdivision Name: _____ Section: _____ Lot #: _____

For Septic and Well Information, complete the following:

Year system was installed or age of dwelling (Required): _____

Name of owner when well/septic installed (Required): _____

Name of builder: _____

Has septic system been repaired? No Yes* *If yes, approx year of repair _____

Name of owner at time of repair _____

Well tag number: _____ (Example WA-00-0000)

For Percolation Test Information:

Year perc test was performed _____

Name of person who applied for perc test: _____

Contact Person: _____ Telephone _____

How do you want to receive information? Email _____

Fax: _____

Other _____

Cost: \$15.00 Processing Fee, Per Request or Parcel



Credit Card # _____ Exp _____ Security Code _____

Name as it appears on credit card _____

** Checks payable to *Washington County Health Department* Returned check fee \$25

NOTE: This process can be time-intensive and there is no guarantee that information will be found. Every effort is made to retrieve information in a timely manner. A response is usually within 24-48 hours; however, sometimes it may take up to a week or more to do the research based the adequacy of information provided on this form and office staffing.

Date Received: _____ Receipt Number: _____

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ENVIRONMENTAL HEALTH

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