

## **Washington County Health Department**

1302 Pennsylvania Avenue, Hagerstown, MD 21742

washcohealth.org facebook.com/WashHealth

## **REQUEST FOR RECORDS RETRIEVAL**

Information requested: ☐ Seption	: □ Well	□ Perc Test	
Property Location:			
Previous Road Name (If renamed):			
Subdivision Name:	Sect	ion: Lot #	::
For Septic and Well Information, comp Year system was installed or age of	olete the following: of dwelling (Required):		
Name of owner when well/septic in	stalled (Required):		
Name of builder:			
Has septic system been repaired?	□No □Yes* *If yes, ap	orox year of repair	
Name of owner at time of r	epair		
Well tag number:			
For Percolation Test Information:			
Year perc test was performed Name of person who applied for pe			
Contact Person:	Telephone	e	
How do you want to receive information? Ema	ail		
•	:		
	er		
Cost: \$15.00 Processing Fee, Per Req	west or Parcel		
		Sacruity Codo	
VISA Credit Card #  Name as it appears on credit c	Exp hard	Security Code	·
		ned check fee \$25	
** Checks payable to Washington County I	<b>Health Department</b> Retur		
	-		found. Everv
NOTE: This process can be time-intensive and effort is made to retrieve information in a timel sometimes it may take up to a week or more to on this form and office staffing.	d there is no guarantee th ly manner. A response is	at information will be to usually within 24-48 h	ours; howev

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