Carroll County Health Department

290 South Center Street ~ Westminster, Maryland 21157 Phone: 410-876-1884 ~ Fax: 410-876-4430

Records Research Request Form

Date:	Reference No.:		
		Date	Completed:
Property Identification: Please sup Grid, and Parcel numbers can be for the owner at the time that the well incomplete or incorrect information permits. Please attach State Department.	ound on your Tax Assell or system was insta on, or longer search ti	essment Notice) Older alled. Incomplete proper mes. Searches will be	records are filed by the name of erty identification may result in e conducted as quickly as time
Owner's Name:	<u> </u>		
Property Address:			
Subdivision Name:		_ Section No	Lot No
Tax Account ID #:	Tax Map:	Grid:	Parcel:
Year House Built:	Owner wh	en built:	
Building Permit Number(s):		County File No:	
Vell Tag Number(s):		(tag should be attached to well casing)	
Note: For built before 1975, owner Also, there may be a metal tag with under the kitchen sink. This number not have any record of wells or separate.	the file number located er will be helpful in lo	d near the main sewer li ocating Health Departm	ne into the house or attached nent records. Our office will
Information requested:			
Permit plan showing well and septic locations		Well Completion Report/Field Data	
Septic System Information		Perc Results	
Other (specify):			
Information requested by: Name	e:		
E-ma	il Address:		
Phon	e:		

Requests may be e-mailed to <u>carrollcounty.environmental@maryland.gov</u> or faxed to 410-876-4430