** Somerset County Health Department**

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Health Officer Lori Brewster, MS, APRN/BC, LCADC

**SANITARY SURVEY APPLICATION**

**Fee: $150.00**

Number in family \_\_\_\_\_\_\_\_\_\_\_

Number of children requested \_\_\_\_\_\_\_\_\_\_

Check one: 🞏 Adoption

🞏 Day Care

🞏 Foster Care

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1) **Water Supply:** Public 🞏 Private 🞏

2) **Sewage Disposal:** Public 🞏 Private 🞏

3) **Milk Supply:** Purchase from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) **Refuse Disposal:** Public 🞏 Private 🞏

5) **Refrigeration of Foods:**  Electric 🞏 Gas 🞏 Ice Box 🞏 Other 🞏 None 🞏

6) **Heating:** Furnace🞏 Coal or Wood Stove🞏 Kerosene Stove 🞏 Electric 🞏

7) **Bedroom:** Number of bedrooms \_\_\_\_ Number of sleeping/napping spaces available \_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requesting Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_