

Somerset County Health Department

8928 Sign Post Road, Suite 2, Westover, Maryland 21871 443.523.1700 – 800.363.8090 – Fax 410.651.5680 TDD 1-800-735-2258

Health Officer: Danielle Weber, MS, RN

Sanitary Survey Application

Fee: \$150

| Please Check One: | \square Adoption | Number in F | amily: | |
|---------------------------|--|----------------|------------------------------------|-------|
| | □ Day Care | Number of C | Children: | |
| | ☐ Foster Care | | | |
| | | | | |
| Name: | | | Phone: | |
| Email: | | | | |
| Street Address: | | | | |
| City, State, Zip Code: | | | | |
| | | | | |
| Water Supply: | □Public | □Private | | |
| Sewage Disposal: | □Public | □Private | | |
| Trash Disposal: | □Public | □Private | | |
| Milk Supply: | Purchased from | | | |
| Food Refrigeration: | □Electric □Ic | e Box/Cooler | □Other | _□N/A |
| Heating System: | ☐Gas/Oil Furnace | e □Heat Pum | p \(\subseteq \text{Baseboard} \) | |
| | \square Wood/Coal Stove \square Kerosene Stove | | | |
| Bedrooms: | Number of Bedrooms: | | | |
| | Number of Sleeping/Napping Spaces: | | | |
| Number of Pets: | Rabi | es Vaccination | Expiration | |
| | | | | |
| Signature of Applicant: _ | | | Date: | |
| Requesting Agency: | | | | |