

SOMERSET COUNTY HEALTH DEPARTMENT

7920 CRISFIELD HIGHWAY

WESTOVER, MARYLAND 21871

(P) 443-523-1730 (F) 410-651-4083

SANITARY SURVEY APPLICATION

Check one: Adoption
 Day Care
 Foster Care

No. in Family _____
No. of children requested _____

SECTION I

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:** No. of bedrooms _____ No. of sleeping/napping spaces available _____

Signature of Applicant: _____ Date: _____

Requesting Agency: _____