



# Department of Health

## Septic System Video Request

Please complete this form and return it, along with a check for \$5.00 (County residents) or \$10.00 (out of County residents) to Anne Arundel County Department of Health, 3 Harry S Truman Parkway, Annapolis, Maryland 21401; Telephone 410- 222-7193.

**\*\*\*Note:** Checks must be made payable to Anne Arundel County Controller.  
A Septic Educational Video specific to your property will be mailed to you within approximately 7-10 days.

**Owner's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Home:** \_\_\_\_\_

**Office:** \_\_\_\_\_

**Address of Property:**

\_\_\_\_\_  
(NUMBER) (STREET)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

**Mailing Address (if different than property address):** \_\_\_\_\_

**Check which items apply specifically to your septic system:**

SEPTIC SYSTEM COMPONENTS:

- DRAINFIELD
- DRYWELL
- MOUND SYSTEM
- PRESSURE DOSED BED
- RECIRCULATING SAND/SHALE FILTER
- PUMP TANK

SIZE: \_\_\_\_\_ (GALS)

SEPTIC TANK:

- CONCRETE
- PLASTIC
- STEEL
- OTHER: \_\_\_\_\_

SIZE OF SEPTIC TANK: \_\_\_\_\_ (GALS)

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**DO NOT WRITE BELOW THIS LINE**

**Fee Received: \$** \_\_\_\_\_

**Anne Arundel County Department of Health** \_\_\_\_\_  
(RECEIVED BY) (DATE)

**Type of Video Provided:**

- Conventional System
- Mound/Pressure Distribution System
- Recirculating Filter System

**Receipt Number:** \_\_\_\_\_