

**CARROLL COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
290 South Center Street  
Westminster, Maryland 21157**



**410-876-1884  
Toll-free: 800-966-3877  
FAX: 410-876-4430**

[www.carrollhealthdepartment.dhmh.md.gov](http://www.carrollhealthdepartment.dhmh.md.gov)

**Edwin F. Singer, L.E.H.S.  
Director**

**15-Day Deviation Request**

**RE: County File # \_\_\_\_\_**

**Well Permit # \_\_\_\_\_**

**Building Permit # \_\_\_\_\_ - \_\_\_\_\_**

I am hereby requesting a 15-day deviation to the water sample requirements for a Use and Occupancy Permit. I need this deviation for the following reason(s):

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I understand that it is my responsibility as the contract purchaser to bring the water supply into compliance with all pertinent regulations. I will do whatever is necessary within the 15-day time period. If samples are required, I will contract with a private lab for them.

\_\_\_\_\_  
Contract Purchaser - signature

\_\_\_\_\_  
Contract Purchaser - printed

\_\_\_\_\_  
Contract Purchaser - signature

\_\_\_\_\_  
Contract Purchaser - printed

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Phone Number of Contract Purchaser

\_\_\_\_\_  
Date