

TRANSFER OF COUNTY WELL/SEPTIC PERMIT

Date: _____

CCHD File Number: _____

Address: _____

I, _____ (printed name of owner/agent for owner),
hereby request that the above-referenced Health Department file be transferred

FROM:

Original Licensed Installer/Well Driller:

Address:

TO:

New Licensed Installer/Well Driller:

Address:

Additional Comments and/or changes: _____

I understand that all work must be completed in accordance with Maryland Department of the Environment regulations and Carroll County Health Department policies. I further understand that any modifications to the work as presented in the approved permit must be approved by the Health Department.

Signature of Owner/Agent for Owner