



Environmental Health

WATER SAMPLE REQUEST

OWNERS NAME _____
APPLICANTS NAME _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE # (DAYTIME HOURS): _____ MOBILE _____
E-MAIL ADDRESS: _____
PROPERTY ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
IS LOT IN A SUBDIVISION? YES _____ NO _____
SUBDIVISION NAME: _____ LOT # _____ BLOCK _____ UNIT # _____
DIRECTIONS TO PROPERTY:

DOGS ON PROPERTY: YES _____ NO _____
IS THERE AN OUTSIDE FAUCET? YES _____ NO _____
IS WELL CHLORINATED? YES _____ NO _____
DOES WELL HAVE A UV-LIGHT? YES _____ NO _____
WHERE IS FAUCET LOCATED: FRONT _____ BACK _____ R-SIDE _____ L-SIDE _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

DATE: _____ SIGNATURE _____

*Water Sample fee does not cover multiple visits to this property. If a sample cannot be collected for reasons that are due to fault of owner or applicant, an additional fee will be required before a sample can be collected. These reasons include, but are not limited to, improper directions, failure to fill out form accurately, presence of chlorine in a non-chlorinated well, and inaccessible water source.

TO BE COMPLETED BY HEALTH DEPARTMENT

SAMPLE DATE: _____ TIME: _____ ENVIRONMENTALIST: _____

FEE DATE: _____
AMOUNT PAID: _____
RECEIPT # _____

PICK UP:
MAIL:
E-MAIL: