



Environmental Health

WATER SAMPLE REQUEST

OWNERS NAME _____

APPLICANTS NAME _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE # (DAYTIME HOURS): _____ MOBILE _____

E-MAIL ADDRESS: _____

INFORMATION FOR PROPERTY:

PROPERTY ADDRESS: _____

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: _____

TO BE COMPLETED BY HEALTH DEPARTMENT

FEE DATE: _____ AMOUNT PAID: _____

RECEIPT # _____