

WATER SAMPLE REQUEST FORM

BACTERIA _____

NITRATE _____

DATE RECEIVED _____

PERSON REQUESTING WATER SAMPLE _____

MAILING ADDRESS _____

TELEPHONE: (_____) _____

HOMEOWNER _____

HOMEOWNER ADDRESS: _____

TELEPHONE OF HOMEOWNER (_____) _____

DIRECTIONS TO LOCATION: _____

WHEN HOME: _____

NOTED PROBLEMS WITH WATER: _____

FEE PAYMENT

NEW WELL _____ NEW WELL NUMBER _____

BACTERIA WATER SAMPLE – \$60.00 _____ RECEIPT # _____

OTHER CHEMICAL TESTS: _____

OFFICE USE ONLY

DATE COLLECTED _____ SANITARIAN _____

COLLECTION SITE _____ RESULTS _____

NITRATE/NITRITE: NONE DETECTED _____ ; _____ ppm

DATE PERSON REQUESTING NOTIFIED OF RESULTS: _____

DATE HOMEOWNER NOTIFIED: _____

COPY SENT TO _____