



**APPLICATION FOR PRIVATE WATER TESTING**

**2018 INSPECTION FEES: The total fee is determined by the laboratory fee(s) plus \$100.00 collection fee (ALL FEES ARE NON-REFUNDABLE)**

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

How would you like to receive your evaluation report?    Mail                  Fax                  Email

If you would like additional copies of the evaluation report sent to another party, please provide contact information on a separate sheet.

**LOCATION OF REQUESTED SAMPLE (If different than above)**

Current Owner's Name \_\_\_\_\_

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

City \_\_\_\_\_ Township \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Directions to property :

Type(s) & Number of water systems on property: (i.e. drilled well, dug well, cisterns, etc.)

**PARAMETER TO BE TESTED: (please circle)**

Coliform Bacteria Count:	Y	N	LABORATORY FEE: \$25.00
Nitrate Pre-screen	Y	N	LABORATORY FEE: \$0.00
OTHER: _____			LABORATORY FEE: _____
OTHER: _____			LABORATORY FEE: _____
OTHER: _____			LABORATORY FEE: _____
OTHER: _____			LABORATORY FEE: _____

**Laboratory Fees plus \$100.00 Collection Fee = Total Fee      TOTAL FEE: \_\_\_\_\_**



**Briefly explain WHY you are having your water tested:**

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**Is this sample for a home sale or home refinance?                      YES                      NO**

**Is this sample for a land split?    YES                      NO**

*If yes to either question above, this form cannot be used for home sale/refinance or land split inspections. Please use the appropriate application available at the Health Department for those inspections.*

**If the pre-screen is positive, a laboratory sample for nitrates will be collected and you will be subsequently billed the laboratory fee for nitrates.**

By signing below, the homeowner/applicant understands that the health department may inspect the components of the private water system from which the water sample is requested. The owner/applicant also understands that upgrades may be required if deemed appropriate and/or necessary in order to protect public health or safety per OAC 3701-28-19. If for any reason the appointment needs to be cancelled or rescheduled, you must call at least 24 hours prior to the originally scheduled appointment.

The applicant understands the water system rules require the water system to be flushed for a minimum of 10 minutes prior to taking the water sample. A faucet or spigot must be turned on to take the sample. The applicant is responsible for ensuring that the water faucet/ spigot are in good condition and turned off to their satisfaction upon leaving. The Health Department is not responsible for faulty faucets or drains.

**Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Homeowner or legal representative** \_\_\_\_\_ **Date** \_\_\_\_\_



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**FOR OFFICE USE ONLY**

**Driver's License #:** \_\_\_\_\_

**1<sup>st</sup> WS Receipt #:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**Additional WS Receipt #:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**Additional WS Receipt #:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**Additional WS Receipt #:** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

**Appointment Date & Time:** \_\_\_\_\_

	Location	Inspector	Date	AR#	Results
1 <sup>st</sup> Sample:	_____	_____	_____	_____	_____
2 <sup>nd</sup> Sample:	_____	_____	_____	_____	_____
3 <sup>rd</sup> Sample:	_____	_____	_____	_____	_____

Type of well:    Above grade    Pit    Buried Seal    Dug    Other: \_\_\_\_\_

Condition of well: \_\_\_\_\_

Additional Results/Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_