



Darke County General Health District
 300 Garst Avenue
 Greenville, Ohio 45331
 937-548-4196
 www.darkecountyhealth.org

APPLICATION FOR PUBLIC 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: _____

PUBLIC WATER SYSTEM #: _____

PARAMETER TO BE TESTED: (please circle)

Coliform Bacteria (Positive/Negative):	Y	N	LABORATORY FEE: \$17.00
Nitrate :	Y	N	LABORATORY FEE: \$12.00
Iron:	Y	N	LABORATORY FEE: \$12.00

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



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.

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.

Applicant _____ **Date** _____

FOR OFFICE USE ONLY

Driver's License #: _____

1st 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 st Sample:	_____	_____	_____	_____	_____
2 nd Sample:	_____	_____	_____	_____	_____
3 rd Sample:	_____	_____	_____	_____	_____

Type of well: _____ **Condition of well:** _____

Additional Results/Comments: _____