

APPLICATION FOR PUBLIC WATER TESTING

2016 INSPECTION FEES: The total fee is determined by the laboratory fee(s) plus \$75.00 collection fee (ALL FEES ARE NON-REFUNDABLE)

Applicant Name			
Mailing Address			
City	State:	Zip:	
Phone #:	Fax #:		
Email Address:			
How would you like to receiv	ve your evaluation report? N	Iail 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)

Nitrate :	Y	Ν	LABORATORY FEE:	\$12.00
Coliform Bacteria (Positive/Negative):	Y	Ν	LABORATORY FEE:	\$17.00
PARAMETER TO BE TESTED: (please circle	e)			
PUBLIC WATER SYSTEM #:				
Directions to property:				
Email Address:				
Phone #:	_ Fax	#:		
City T	Township			
Property Address				
Current Owner's Name				



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 #:				
1 st WS Receipt #: Additional WS Receipt #: Additional WS Receipt #: Additional WS Receipt #:		_ Date Paid: _ Date Paid:		
Appointment Date & Time: _				
Location	Inspector	Date	AR#	Results
1 st Sample: 2 nd Sample: 3 rd Sample:				
Additional Results/Comment	s:			