



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: _____



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:	_____	_____	_____	_____	_____

Additional Results/Comments: _____

