APPLICATION FOR PUBLIC WATER TESTING

2022 INSPECTION FEES: The total fee is determined by the laboratory fee(s) plus $113.00 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: $35.00

Nitrate :   Y   N   LABORATORY FEE: $13.00

Iron: Y   N   LABORATORY FEE: $10.50

Laboratory Fees plus $113.00 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
1st Sample:	_____	_____	_____	_____	_____
2nd Sample:	_____	_____	_____	_____	_____
3rd Sample:	_____	_____	_____	_____	_____

Type of well:_____ Condition of well:_____

Additional Results/Comments: _____

_____

_____