



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

**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: \$33.00
Nitrate :	Y	N	LABORATORY FEE: \$12.00
Iron:	Y	N	LABORATORY FEE: \$12.00

**Laboratory Fees plus \$125.00 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 #:** \_\_\_\_\_

**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:	_____		Condition of well: _____		
Additional Results/Comments: _____					
_____					
_____					