

APPLICATION FOR PUBLIC WATER TESTING

2025 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 recei	ve your evaluation report? Ma	ail 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 To	wnsh	ip		
Phone #:	Fax	#:		
Email Address:				
Directions to property:				
PUBLIC WATER SYSTEM #:				
PARAMETER TO BE TESTED: (please circle)	1			
Coliform Bacteria (Positive/Negative):	Y	Ν	LABORATORY FEE: \$43.95	
Nitrate :	Y	Ν	LABORATORY FEE: \$24.15	
Iron:	Y	Ν	LABORATORY FEE: \$26.60	
Laboratory Fees plus \$113.00 Collection Fee	= Tot	al Fee	e 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 is 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	Y			
Driver's License #:		-		
1 st 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:				
Additional Results/Comme	nts:			