



2026 INSPECTION FEES: The total fee is determined by the laboratory fee(s) plus \$113.00 collection fee (ALL FEES ARE NON-REFUNDABLE)

How would you like to receive your evaluation report? Mail Fax Email

LOCATION OF REQUESTED SAMPLE (If different than above)

Directions to property:

PUBLIC WATER SYSTEM #:

PARAMETER TO BE TESTED: (please circle)

Iron: Y N LABORATORY FEE: \$28.75

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 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

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