

REQUEST FOR WATER SAMPLE

Ashtabula County Health Department
12 West Jefferson Street
Jefferson, Ohio 44047
Phone: (440) 576-6010

WATER SAMPLE NUMBER _____ DATE _____

AMOUNT PAID \$ _____ RECEIPT # _____ CHECK # _____

NAME OF PROPERTY OWNER: _____

Present Mailing Address: _____

City, State Zip: _____ Phone: _____

LOCATION ADDRESS WHERE WATER SAMPLE IS TO BE TAKEN _____ TOWNSHIP/VILLAGE/CITY _____

SIDE OF ROAD _____ DISTANCE AND DIRECTIONS FROM NEAREST ROAD OR INTERSECTION _____

DATE TAKEN _____ BY WHOM _____ RESULTS _____

PRIVATE WATER SYSTEM INSPECTION *

Type: Well: Drilled _____ Dug _____ Other _____

Pond _____ Cistern _____ Spring _____

Hauled _____ Other (specify) _____

PWS Permit # _____ Old PWS _____

Casing _____ Pump _____

Disinfection _____

Treatment _____

*(if more than 1 PWS, Draw on back of this report and describe)

Notes: _____

DATE _____ SANITARIAN _____