



Ashtabula County Health Department  
 12 West Jefferson Street  
 Jefferson, Ohio 44047  
 Phone: (440) 576-6010 option 3  
 FAX: 440-576-5527

**REQUEST FOR WATER SAMPLE**

The fee for a water sample is \$50.00

WATER SAMPLE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

AMOUNT PAID \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_ CHECK # \_\_\_\_\_

NAME OF PROPERTY OWNER \_\_\_\_\_

Present Mailing Address \_\_\_\_\_

City, State Zip \_\_\_\_\_ Phone \_\_\_\_\_

\*\*\*\*\*

LOCATION ADDRESS WHERE WATER SAMPLE WILL 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 \_\_\_\_\_