



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 _____ Registered Environmental Health Specialist _____