



Private Water Sample Request

Water samples are taken on Monday or Wednesday afternoons as our lab picks up on Tuesday and Thursday mornings, except the 5th Thursday of the month. Standard turnaround time for Total Coliform is typically 2-3 business days, whereas lead and/or nitrate/nitrite results can take up to two (2) weeks to receive. Please contact the Wood County Health Department if you have further questions on water samples.

Please indicate the reason for sample: <input type="checkbox"/> Personal Knowledge <input type="checkbox"/> Realty <input type="checkbox"/> Refinance <input type="checkbox"/> Foster/Adoption <input type="checkbox"/> WCHD Licensed Food Facility <input type="checkbox"/> Other Food Facility	Type of Private Water System (PWS): <input type="checkbox"/> Well <input type="checkbox"/> Pond <input type="checkbox"/> Spring <input type="checkbox"/> Cistern <input type="checkbox"/> Hauled Water <input type="checkbox"/> Other _____
Analysis Requested: * Fees are subject to change <input type="checkbox"/> Total Coliform (Bacteria) \$133.00 <input type="checkbox"/> Lead \$57.60 <input type="checkbox"/> Nitrate/Nitrite \$52.40 <input type="checkbox"/> WCHD Licensed Food Facility \$75	

Property Owner: _____	Phone: _____
Property Address: _____	City: _____ Zip: _____
Property Township: _____ -----	Email: _____ -----
Requesting Party: <input type="checkbox"/> Same as above	Email: _____
Name: _____	Phone: _____
Mailing Address: _____	City: _____ State: _____ Zip: _____
How would you like to receive results in addition to a phone call? Check all that apply: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Do not call	

Please list all additional parties to receive results other than above: <input type="checkbox"/> N/A	
Name/Relationship:	Email or Mailing Address:
Name/Relationship:	Email or Mailing Address:
Name/Relationship:	Email or Mailing Address:

OFFICE USE ONLY			
First Sample			
Sample Taken By:	Sample Date:	Receipt# or CC Auth #:	
Present at time of sample:	Fees Rec'd By:	Amount Paid:	Date Paid:
Second Sample N/A <input type="checkbox"/>			
Sample Taken By:	Sample Date:	Receipt#:	CC Auth #:
Present at time of sample:	Fees Rec'd By:	Amount Paid:	Date Paid: