



## 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 5<sup>th</sup> 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.

<b>Please indicate the reason for sample:</b> <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	<b>Type of Private Water System (PWS):</b> <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 _____
<b>Analysis Requested:</b> * Fess 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	

<b>Property Owner:</b> _____	<b>Phone:</b> _____
<b>Property Address:</b> _____	<b>City:</b> _____ <b>Zip:</b> _____
<b>Property Township:</b> _____	<b>Email:</b> _____
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<b>Requesting Party:</b> <input type="checkbox"/> Same as above	<b>Email:</b> _____
<b>Name:</b> _____	<b>Phone:</b> _____
<b>Mailing Address:</b> _____	<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<b>How would you like to receive results <u>in addition</u> to a phone call?</b> 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:** ☐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: