

REQUEST FOR WATER SAMPLE

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

*** The cost of this water sample is \$25.00

AMOUNT PAID \$ _____ WATER SAMPLE NUMBER _____ DATE _____

NAME OF PROPERTY OWNER: _____

Present Mailing Address: _____

City, State, Zip: _____ Phone: _____

Exact location of property where water sample is to be taken: _____

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 _____