

**REQUEST FOR WATER SAMPLE**

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

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

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

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

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

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

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LOCATION ADDRESS WHERE WATER SAMPLE IS TO BE TAKEN \_\_\_\_\_ TOWNSHIP/VILLAGE/CITY \_\_\_\_\_

SIDE OF ROAD \_\_\_\_\_ DISTANCE AND DIRECTIONS FROM NEAREST ROAD OR INTERSECTION \_\_\_\_\_

DATE TAKEN \_\_\_\_\_ BY WHOM \_\_\_\_\_ RESULTS \_\_\_\_\_

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**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 \_\_\_\_\_