



APPLICATION FOR PUBLIC WATER TESTING

2024 INSPECTION FEES: The total fee is determined by the laboratory fee(s) plus \$113.00 collection fee (ALL FEES ARE NON-REFUNDABLE)

Applicant Name								
Mailing Address								
CityS	tate:			_ Zip:				
Phone #:	Fax #	#:						
Email Address:								
How would you like to receive your evalu	ation report	?	Mail	Fax	Email			
If you would like additional copies of the information on a separate sheet.	evaluation re	eport	sent to an	nother party, ple	ase provide con			
LOCATION OF REQU	ESTED SA	MPI	LE (If dif	ferent than abo	ove)			
Current Owner's Name								
Property Address								
City	Township							
Phone #:	Fax 1	#:						
Email Address:								
Directions to property:								
PUBLIC WATER SYSTEM #:								
PARAMETER TO BE TESTED: (please	circle)							
Coliform Bacteria (Positive/Negati	ive): Y	N	LABO	RATORY FEE:	\$40.50			
Nitrate:	Y	N	LABO	RATORY FEE:	\$22.25			
Iron:	Y	N	LABOI	RATORY FEE:	\$24.50			
Laboratory Fees plus \$113.00 Collection	n Fee = Tota	al Fe	e T(TAL FEE:				





The applicant understands the water system rules require the water system to be flushed for a minimum of 10 minutes prior to taking the water sample. A faucet or spigot must be turned on to take the sample. The applicant is responsible for ensuring that the water faucet/ spigot are in good condition and turned off to their satisfaction upon leaving. The Health Department is not responsible for faulty faucets or drains.

If for any reason the appointment needs to be cancelled or rescheduled, you must call at least 24 hours prior to the originally scheduled appointment.

Applicant	Date				
FOR OFFICE USE ONLY Driver's License #:		-			
1 st WS Receipt #: Additional WS Receipt #: Additional WS Receipt #:			Date Paid: Date Paid:		
Appointment Date & Time:					
Location	Inspector	Date	AR#	Results	
1 st Sample: 2 nd Sample: 3 rd Sample:					
Type of well:					
Additional Results/Commen	ts:				