



Receipt # \_\_\_\_\_
Initials \_\_\_\_ / \_\_\_\_
Date Rec'd: \_\_\_\_\_
Ck# \_\_\_\_\_ Cash \_\_\_\_ CC \_\_\_\_
Amt. Rec'd \_\_\_\_\_
R.E.H.S. \_\_\_\_\_

WATER SAMPLE APPLICATION

- BACTERIA (Coliform).....\$70
INORGANIC (Mineral).....\$110
NITRATE.....\$70
IRON BACTERIA.....\$70
SULFUR BACTERIA.....\$70
HERBICIDE.....\$150
HEXAVALENT CHROMIUM.\$110
\*\*FURTHER REVIEW\*\*
PETROLEUM.....\$150
PESTICIDE:
Organochlorine.....\$150
Nitrogen Phosphorous.\$150

\*\*Full Panel: Bacteria (Coliform only) Nitrate, & Inorganic

- FULL PANEL.....\$150
FULL PANEL(+Vanadium)..\$150
FULL PANEL (New well).....\$0

++Existing Wells-Please indicate if you would like to have sample taken from outside or inside
If sample is taken inside owner must be present .We will call daytime phone number to schedule appointment.

Is this sample being taken for a Residential Facility which will be licensed as a Childcare, Lodging(Bed & Breakfast), or Residential Care Facility? Yes No

Your water sample results will be sent by e-mail unless you request otherwise. You may also visit our Water Quality Sampling Web Page for your Results.

Does home have a water treatment system? Yes No Type of system: \_\_\_\_\_

Property Owner\* \_\_\_\_\_
Property Owner's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Owner's Daytime Telephone \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Property Owner's Email Address \_\_\_\_\_

Street Address of Well Location \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Subdivision or Mobile Home Park Name and Lot Number \_\_\_\_\_

Parcel Number \_\_\_\_\_

Person Requesting Sample \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Cell Phone number \_\_\_\_\_

Applicant's Email Address \_\_\_\_\_

\* If applicant for service is not the property owner or tenant, a signed Legal Representation Document is required to be submitted.

Well location on property. BE SPECIFIC. Please draw a site plan of location.

[Empty box for drawing well location on property]

PRIVATE WATER SUPPLY COMMUNITY WATER [ ] SHARED WELL [ ] LIVESTOCK [ ] IRRIGATION WELL [ ]

IMPORTANT: Before your scheduled appointment with the Environmental Health Specialist, make sure:

- Your well casing is uncovered (for inspection) and properly sealed (no openings in well seal).
The water spigot is accessible (sample bottle must "fit" under spigot in sanitary manner).
There is no chlorine residue in water (use pool sample kit if necessary).
The well pump is operating properly (electricity provided).

Notify the Environmental Health Specialist before 9:00am on the scheduled appointment day if you are not ready for the sample collection. FAILURE TO COMPLY WITH THE ABOVE WILL RESULT IN FORFEITURE OF FEE PAID. A NEW FEE MUST BE PAID FOR THE ENVIRONMENTAL HEALTH SPECIALIST TO RETURN TO THE PROPERTY. I authorize county and state officials right of entry to conduct necessary inspections to determine compliance with applicable laws and rules to include mandated and requested water sampling.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_
(Well Owner, Tenant or Legal Representative) CCPHD/REVISED 2-2023 EHS