

Water Sample Request

Date: ____/____/____

Fee: _____

Time: _____

Receipt Date: ____/____/____

Sample #: () 1st () 2nd () 3rd () other: _____

Receipt #: _____

Water Sample: () Total Coliform () Other: _____

Special Notes: _____

Report Requested By: () Owner () Other _____ Need report by: ____/____/____

Property Owner: _____ Township: _____

Property Address: _____ Phone: _____

City: _____ Zip: _____

Mail To: _____ Phone: _____

Mailing Address: _____ Fax: _____

City: _____ Zip: _____

Check off list for client: () Have you chlorinated () Have you removed chlorine from the water () New well only - is the pressure tank easily accessible? () There is a \$25.00 stop out charge if we are unable to take the sample.

Sample Date: ____/____/____ Bottle #: _____ New Well Permit #: _____

Results for Total Coliform: ____ negative ____ positive ____ positive for E-Coli (notify sanitarian)

Entered in Computer: ____/____/____ Mailed Results on: ____/____/____ (Homeowner & Contractor(s))