WATER SAMPLE REQUEST FORM

The Delaware General Health District performs testing of drinking water for homeowners and private water supplies through laboratory analysis. Standard testing for a new private water system (PWS) includes a field analysis of Nitrites/Nitrates, presence of Chlorine, total coliform, and Escherichia coli (E.coli) when necessary.

If you wish to have your water tested, print and fill out this form and send to the Delaware General Health District, 1 West Winter St., P.O. Box 570, Delaware, Ohio 43015.

After receiving the completed form and payment, a Sanitarian will contact you to arrange a time for sampling. Samples can only be collected on Wednesday afternoons.

Please fill out the following application so that we may better serve you in this process.

[ ] Existing PWS; Standard testing $74.10
[ ] Existing PWS; Special Sampling (Please speak with a Sanitarian for pricing and availability)

Please make checks payable to: Delaware General Health District. For any additional sampling other than standard testing as outlined in the paragraph above, please call 740-368-1700 for pricing.

Type of PWS  [ ] Well  [ ] Spring  [ ] Cistern  [ ] Pond

Property Owner Name: ____________________________________________________________

Property Address: ________________________________________________________________

City: ___________ State: ___________ Zip: ___________ Township: ________________________

Phone: ___________________ Email: ________________________________________________

Requestor Name: ________________________________________________________________

Requestor Address: ______________________________________________________________

City: ___________ State: ___________ Zip: ___________ Township: ________________________

Phone: ___________________ Email: ________________________________________________

I agree that I have read the above and submit my fee accordingly.

Signature: ___________________________ Date: ____________________________

*Should your sample test positive for coliform bacteria, additional information will be provided to you for disinfecting your well. Please contact the Delaware General Health District at (740) 368-1700 for any questions or additional sampling requests.

---------------------------------------------------------------------------------------OFFICE USE ONLY---------------------------------------------------------------------------------------

Sanitarian: _________________________ Date Scheduled: _________________________ AR #: ___________

Sanitarian Fee Breakdown: __________________________________________________________

Receipt #: _________________________ Receipt Date: _________________________ Received by: _________________________

EH HDIS Entry by: _________________________ Date: _________________________ HDIS: PRI-Existing or SPL-Special

RSU 01-2017