WATER SAMPLING REQUEST

YOU HAVE REQUESTED THAT A SAMPLE OF WATER BE COLLECTED BY THE JEFFERSON COUNTY GENERAL HEALTH DISTRICT TO CONDUCT A BACTERIA TEST OF YOUR PRIVATE WATER SYSTEM.

We are required to use special containers with chlorine neutralizers and use a certain technique. Also we must collect the sample on Mondays, Tuesdays, and Wednesdays **ONLY**.

| Please furnish the following informatio | n: | |
|---|-------------------------|---|
| NAME: | PHONE: | |
| ADDRESS: | E-mail | |
| DIRECTIONS: | | |
| COLIDOR OF MATER. () MISH | | |
| SOURCE OF WATER () WELL | () CISTERN | () OTHER: |
| FEE TO ACCOMPANY THIS REQUEST IS OR RESAMPLING REQUESTS ARE ALSO ONE | | • |
| A Sanitarian from this department will c sample. Results of the lab test should re | | |
| THIS OFFICE ACCEPTS CREDIT | & DEBIT CARDS, CASH, CI | HECKS, AND MONEY ORDERS. |
| FOR OFFICE USE ONLY | | |
| PLEASE CHECK ONE: | | |
| () Food Service () Mobile Home Par | k ()Park/Camp ()S | wimming pool () Residential |
| Date Received: | | |
| Recipient No.: | | |
| Sampling No.: | | |
| Sampling Fee: | | |

[APPLICATION FOR WATER SAMPLING]