

Knox Public Health

Protect • Promote • Prevent

11660 Upper Gilchrist Rd.
Mount Vernon, OH 43050

www.knoxhealth.com

Phone 740-392-2200
Fax 740-392-9613

(Office use only) AR Number: _____

REQUEST FOR PRIVATE WATER SAMPLE

PROPERTY OWNER _____ PHONE _____

SAMPLE ADDRESS _____
HOUSE # STREET/ROAD TOWN/VILLAGE TWP

DATE SAMPLE COLLECTED _____ TIME _____ COLLECTION SITE _____
(i.e., kitchen sink, pressure tank, etc.)

SAMPLE COLLECTED BY _____

SEND REPORT TO _____

REASON FOR SAMPLE REQUEST - If this is a new well, the sample must be collected by a Health Department representative

LOAN APPROVAL PERSONAL INFO PROBLEM(S) OTHER

DESCRIBE PROBLEM(S) _____

SAMPLING FEES

\$77 – When a Sanitarian Collects Sample (Total Coliform Bacterial Analysis)

\$88 – When a Sanitarian Collects Sample (Quanti Tray Bacterial Analysis)

\$44 – When Home Owner Collects Sample (Total Coliform Bacterial Analysis)

\$55 – When Home Owner Collects Sample (Quanti Tray Bacterial Analysis)

ALL SAMPLES MUST BE PRE-PAID AND COLLECTED IN HEALTH DEPARTMENT CONTAINERS

OFFICE USE ONLY

Comments: