



11660 Upper Gilchrist Rd.
Mount Vernon, OH 43050

www.knoxhealth.com

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

REQUEST FOR PRIVATE WATER SAMPLE

PROPERTY OWNER _____ PHONE _____

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

DATE SAMPLE COLLECTED _____ TIME _____ LOCATION _____

SEND REPORT TO _____

REASON FOR SAMPLE REQUEST

LOAN APPROVAL PERSONAL INFO PROBLEM(S) OTHER

DESCRIBE PROBLEM(S) _____

SAMPLING FEE

\$70 – When a Sanitarian Collects Sample (Total Coliform Bacterial Analysis)

\$80 – When a Sanitarian Collects Sample (Quanti Tray Bacterial Analysis)

\$40 – When Home Owner Collects Sample (Total Coliform Bacterial Analysis)

\$50 – 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

