



11660 Upper Gilchrist Rd.
Mount Vernon, OH 43050

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(Office use only) AR Number: _____

REQUEST FOR PRIVATE WATER SAMPLE

PROPERTY OWNER _____ PHONE _____

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

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: