

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 Number Street/Road City Township

Collection Date \_\_\_\_\_ Time \_\_\_\_\_ Collection Site \_\_\_\_\_  
(i.e., kitchen sink, pressure tank, etc.)

Sample collected by \_\_\_\_\_

Send report to \_\_\_\_\_

Reason for sample: \_\_\_\_\_

Sampling fees:

\$ 81 – Sanitarian Collection (Total Coliform Bacterial Analysis – Presence/Absence)

\$ 92 – Sanitarian Collection (Quanti-Tray Bacterial Analysis – Numeric Value)

\$ 46 – Homeowner Collection (Total Coliform Bacterial Analysis – Presence/Absence)

\$ 58 – Homeowner Collection (Quanti-Tray Bacterial Analysis – Numeric Value)

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**OFFICE USE ONLY**

Comments: