



WATER SAMPLE REQUEST

DATE: _____ RECEIPT NUMBER: _____

NAME: _____ DAYTIME PHONE NUMBER: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

ARE THERE ANY OUTSIDE DOGS ON THE PREMISES? ____ YES ____ NO

NUMBER OF WELLS: _____

OUTSIDE SPIGOT AT WELL? ____ YES ____ NO AT DWELLING? ____ YES ____ NO

TYPE OF SAMPLE REQUESTED: _____ BACTERIAL _____ PETROLEUM

_____ CHEMICAL _____ NITRATE/NITRITE

_____ OTHER: _____

BRIEF DESCRIPTION OF SWELLING AND DIRECTIONS TO TEST SITE:

DATE SAMPLE TAKEN: _____ TIME SAMPLE TAKEN: _____

SAMPLE TAKEN BY: _____
