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: ___________________________________________________________