



WATER SAMPLE REQUEST

DATE: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

ARE THERE ANY OUTSIDE DOGS ON THE PREMISES? YES NO

NUMBER OF WELLS: \_\_\_\_\_

OUTSIDE SPIGOT AT WELL? YES NO

OUTSIDE SPIGOT AT DWELLING? YES NO

TYPE OF SAMPLE REQUESTED:

BACTERIAL

PETROLEUM

CHEMICAL

NITRATE/NITRITE

OTHER: \_\_\_\_\_

BRIEF DESCRIPTION OF DWELLING AND DIRECTIONS TO TEST SITE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR GVPH STAFF ONLY:

DATE SAMPLE TAKEN: \_\_\_\_\_

TIME SAMPLE TAKEN: \_\_\_\_\_

SAMPLE TAKEN BY: \_\_\_\_\_

*Your Environment. Your Community. Your Health.*