SANDUSKY COUNTY
PUBLIC HEALTH

WATER SAMPLE REQUEST FORM

DATE RECEIVED: _____

PERSON REQUESTING SAMPLE: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

SAMPLE ADDRESS: _____

DIRECTIONS TO LOCATION: _____

APPOINTMENT TIME: _____

EXISTING WELL: _____

NEW WELL/PERMIT NUMBER _____

FILING FEE:	$30.00
SAMPLE FEE:	$72.00
LEAD: ($21.00)	_____
NITRATE: ($19.00)	_____
NITRITE: ($19.00)	_____
BACTERIA SAMPLE: ($43.00)	_____

TOTAL COST: _____

RECEIPT #: _____

DATE COLLECTED: _____

COLLECTION SITE: _____

SANITARIAN: _____

RESULTS:

BACTERIA: _____ E Coli _____

NITRATE/NITRITE SCREENING: _____PPM NONE DETECTED _____

NITRATE: _____

NITRITE: _____

LEAD: _____

DATE NOTIFIED OF RESULTS: _____

COPY SENT TO CONTRACTOR: _____

REV 03/2022

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