



**Water Sample Request**

Date Requested: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Requester Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Sample Site Address:

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

Mailing Address (if different):

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

**Directions to Residence:**

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

**Type of Sample Requested:** (check all that apply)

- Bacteria     Chemical     Nitrate     Nitrite     VOC     Other \_\_\_\_\_

**Type of Water Source:**

- Well     Spring     Public     Other

**For Office Use Only**

| <b>Bacteriological Sampling Information</b> |
|---|
| Date Collected:                             |
| Time Collected:                             |
| Sampling Point:                             |
| Collected By:                               |
| Date Analysis Began:                        |
| Time Analysis Began:                        |
| Date Complete:                              |
| Time Complete:                              |
| Certified By:                               |

| <b>Lab Results</b>                  |
|-------------------------------------|
| ( ) Total Coliform & E. Coli Absent |
| ( ) Total Coliform Present          |
| ( ) E. Coli Present                 |
| Date Notified:                      |
| Notified By:                        |
| Notify Method:                      |