



**WATER SAMPLE REQUEST FORM**

The Delaware Public Health District performs testing of drinking water for homeowners and private water supplies through laboratory analysis. Standard testing for a new private water system (PWS) includes a field analysis of Nitrites/Nitrates, presence of Chlorine, total coliform, and Escherichia coli (E.coli) when necessary.

If you wish to have your water tested, print and fill out this form and send to the **Delaware Public Health District, 470 S. Sandusky Street, Delaware, Ohio 43015.**

After receiving the completed form and payment, a Registered Environmental Health Specialist (REHS) will contact you to arrange a time for sampling. Samples can only be collected on Wednesday afternoons.

*Please fill out the following application so that we may better serve you in this process.*

- Existing PWS; Standard testing \$74.10
- Existing PWS; Special Sampling (*Please speak with an REHS for pricing and availability*)

Please make checks payable to: **Delaware Public Health District.** For any additional sampling other than standard testing as outlined in the paragraph above, please call 740-368-1700 for pricing.

Type of PWS     Well         Spring         Cistern         Pond

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

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Township: \_\_\_\_\_

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

Requestor Name: \_\_\_\_\_

Requestor Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Township: \_\_\_\_\_

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

I agree that I have read the above and submit my fee accordingly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Should your sample test positive for coliform bacteria, additional information will be provided to you for disinfecting your well. Please contact the Delaware Public Health District at (740) 368-1700 for any questions or additional sampling requests.

-----OFFICE USE ONLY-----

**REHS:** \_\_\_\_\_ **Date Scheduled:** \_\_\_\_\_ **AR #:** \_\_\_\_\_

**Receipt #:** \_\_\_\_\_ **Receipt Date:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

**EH HDIS Entry by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **HDIS:** PRI-Existing or SPL-Special