Delaware Public Health District
Dedicated to your health

GARRETT GUILLOZET, MPA, REHS | HEALTH COMMISSIONER
470 SOUTH SANDUSKY STREET | DELAWARE, OHIO 43015
PHONE: (740) 368-1700 FAX: (740) 368-1736 | DELAWAREHEALTH.ORG

PHAB
Advancing
Public Health
Performance

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, an environmental health specialist 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 $80.25
[ ] Existing PWS; Special Sampling (*Please speak with an EH specialist 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:_____

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--

EH Specialist: _____**Date Scheduled:** _____**AR#:**_____
EH Specialist Fee Breakdown:_____

Receipt #: _____**Receipt Date:** _____**Receipted by:**_____
EH HDIS Entry by: _____**Date:** _____   **HDIS:** PRI-Existing   or   SPL-Special

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