



WATER SAMPLE REQUEST FORM

DATE: _____

REQUESTED BY: OWNER____ BUYER____ SELLER____ RENTER____ OTHER____

NAME:_____

PROPERTY ADDRESS: _____

MAILING ADDRESS:_____

TELEPHONE NUMBER:_____

EMAIL ADDRESS:_____

DIRECTIONS:_____

BACTERIAL:_____ \$60.00 INORGANIC:_____ \$95.00 SULPHUR_____ \$60.00

PESTICIDE:_____ \$95.00 PETROLUEM:_____ \$95.00 NITRATE/NITRITE_____ \$60.00

FEE:\$_____ PAYMENT METHOD: CASH_____ CHECK_____ CREDIT CARD_____

REASON FOR SAMPLING:_____

WELL LOCATION:_____

OUTSIDE FAUCET LOCATION:_____

DATE SAMPLE TAKEN:_____ DATE RESULTS RETURNED:_____

COMMENTS:_____

REHS:_____