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(Office use only) AR Number: \_\_\_\_\_

## REQUEST FOR PRIVATE WATER SAMPLE

PROPERTY OWNER \_\_\_\_\_ PHONE \_\_\_\_\_

SAMPLE ADDRESS \_\_\_\_\_  
HOUSE # STREET/ROAD TOWN/VILLAGE TWP

DATE SAMPLE COLLECTED \_\_\_\_\_ TIME \_\_\_\_\_ COLLECTION SITE \_\_\_\_\_  
(i.e., kitchen sink, pressure tank, etc.)

SAMPLE COLLECTED BY \_\_\_\_\_

SEND REPORT TO \_\_\_\_\_

REASON FOR SAMPLE REQUEST - If this is a new well, the sample must be collected by a Health Department representative

LOAN APPROVAL  PERSONAL INFO  PROBLEM(S)  OTHER

DESCRIBE PROBLEM(S) \_\_\_\_\_

### SAMPLING FEE

\$77 – When a Sanitarian Collects Sample (Total Coliform Bacterial Analysis)

\$88 – When a Sanitarian Collects Sample (Quanti Tray Bacterial Analysis)

\$44 – When Home Owner Collects Sample (Total Coliform Bacterial Analysis)

\$55 – When Home Owner Collects Sample (Quanti Tray Bacterial Analysis)

ALL SAMPLES MUST BE PRE-PAID AND COLLECTED IN HEALTH DEPARTMENT CONTAINERS

### OFFICE USE ONLY

Comments: