

DARKE COUNTY GENERAL HEALTH DISTRICT

300 Garst Avenue
Greenville, Ohio 45331

www.darkecountyhealth.org

Phone: (937) 548-4196

Fax: (937) 548-9654

APPLICATION FOR RESIDENTIAL DAYCARE INSPECTION

NAME _____ PHONE # _____

ADDRESS _____

CITY, STATE, ZIP _____

INSPECTION FEE TOTAL: \$55

Receipt Number _____

WATER SAMPLE

If the water supply for drinking, washing, bathing and household uses is supplied from a well or other private sources, then it must be tested for Total Coliform Bacteria and Nitrate Pre-screen. This service along with other tests may be completed by the Health Department for the listed cost below.

Total Coliform Bacteria Y N LABORATORY FEE: \$15.00

Nitrate Pre-Screen Y N LABORATORY FEE: \$0.00

(If the pre-screen is positive, a laboratory sample for nitrates will be collected and you will be subsequently billed the collection fee for nitrates: \$15.00)

Lead Y N LABORATORY FEE: \$13.00

Nitrate/Nitrite Y N LABORATORY FEE: \$32.00

Nitrate Y N LABORATORY FEE: \$15.00

Nitrite Y N LABORATORY FEE: \$14.00

Other: _____ Y N LABORATORY FEE: _____

Other: _____ Y N LABORATORY FEE: _____

LABORATORY FEES PLUS \$45.00 COLLECTION FEE = TOTAL FEE

WATER SAMPLE FEE TOTAL: _____ **RECEIPT #** _____

By signing below, the owner/applicant agrees to the inspection of the listed premises as in accordance with the day care inspection sheet. The owner/applicant understands that violations of the Darke County premise sanitation may result in the owner being required to make the appropriate corrections.

By signing below, the homeowner/applicant understands that the health department may inspect the components of the private water system from which the water sample is requested. The owner/applicant also understands that upgrades may be required if deemed appropriate and/or necessary in order to protect public health or safety per OAC 3701-28-19. If for any reason the appointment needs to be cancelled or rescheduled, you must call at least 24 hours prior to the originally scheduled appointment.

APPLICANT SIGNATURE _____

DATE _____

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FOR OFFICE USE ONLY

	Location	Inspector	Date		
1 st Sample:	_____	_____	_____	Satisfactory	Unsafe
2 nd Sample:	_____	_____	_____	Satisfactory	Unsafe
3 rd Sample:	_____	_____	_____	Satisfactory	Unsafe

Other Results:

Notes:

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DATE OF APPOINTMENT: _____ TIME: _____