

DARKE COUNTY GENERAL HEALTH DISTRICT

300 Garst Avenue
Greenville, Ohio 45331
www.darkecountyhealth.org

Phone: (937) 548-4196

Fax: (937) 548-9654

APPLICATION FOR WATER TESTING

(ALL FEES ARE NON-REFUNDABLE)

PLEASE SEND EVALUATION RESULTS TO:

Name _____ Phone # _____

Address _____

City, State, Zip _____

LOCATION OF REQUESTED SAMPLE:

Name _____ Phone # _____

Address _____

City _____ Township _____ Public Water System # _____

Directions: _____

PARAMETER TO BE TESTED: (please circle)

Total Coliform Bacteria:	Y	N	LABORATORY FEE: \$25.00
Nitrate Pre-screen	Y	N	LABORATORY FEE: \$0.00
<small>(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: \$17.50)</small>			
Lead	Y	N	LABORATORY FEE: \$17.50
Nitrate/Nitrite	Y	N	LABORATORY FEE: \$35.50
Nitrate	Y	N	LABORATORY FEE: \$17.50
Nitrite	Y	N	LABORATORY FEE: \$16.00
Iron	Y	N	LABORATORY FEE: \$17.50
Fluoride	Y	N	LABORATORY FEE: \$30.50
Arsenic	Y	N	LABORATORY FEE: \$17.50
OTHER: _____			LABORATORY FEE: _____
OTHER: _____			LABORATORY FEE: _____

Laboratory Fees plus \$50.00 Collection Fee = Total Fee TOTAL FEE: _____

Receipt # (s) _____

Date Paid _____

(CONTINUED ON OTHER SIDE)

IS THIS SAMPLE FOR A HOME SALE? Yes No
IS THIS SAMPLE FOR A HOME REFINANCE? Yes No
IS THIS SAMPLE FOR A LAND SPLIT? Yes No

If yes to any, minimum parameters to be tested must include coliform bacteria and nitrate pre-screen. You must also complete the application for the evaluation of the existing home sewage treatment system.

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 healthy 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	Date
Homeowner or Representative	Date

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FOR OFFICE USE ONLY

	Location	Inspector	Date	AR #	Result
1 st Sample:	_____	_____	_____	_____	Positive/Negative
2 nd Sample:	_____	_____	_____	_____	Positive/Negative
3 rd Sample:	_____	_____	_____	_____	Positive/Negative

Other Results: _____

Notes: _____

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DATE OF APPOINTMENT: _____ TIME: _____