

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 _____

Directions: _____

PARAMETER TO BE TESTED: (please circle)

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: \$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 \$45.00 Collection Fee = Total Fee

TOTAL FEE: _____

Receipt # (s) _____

(CONTINUED ON OTHER SIDE)

