



JACKSON COUNTY HEALTH DEPARTMENT
102 TWIN OAKS DRIVE
JACKSON, OHIO 45640
TELEPHONE: 740-286-5094
FAX: 740-286-8809

WATER SAMPLE REQUEST APPLICATION

Service Fee: \$35.00

Lab Fees: \$64.90 (Total Coliform & E.Coli, Sample Pick Up Fee) MASI Labs, Plain City, OH

Total: **\$99.90**

Date: _____

Owner: _____ Telephone: _____ Email: _____

Address: _____

Person/Agency Requesting Sample: _____

Send Results to: _____

Location of Property: _____

TYPE OF WATER SUPPLY:

Drilled Well _____

Dug Well _____

Spring _____

Other _____

Installation: Pitless Adaptor _____ Buried Seal _____

Other _____

Has System Been Chlorinated? Yes _____ No _____ If Yes, Date _____

----- **Health Department Use** -----

Results: _____

Comments/Recommendations: _____

Environmental Health Specialist

Date