**REQUEST FOR SAMPLE FOR PRIVATE WATER SUPPLY SYSTEM**

**(Only Choose One Test)**

**\_\_\_$60.00 for CFU (Colony (Bacteria) Forming Units) A CFU test indicates the number of coliform bacteria in the well**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOWNSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAILING NAME & ADDRESS OR EMAIL FOR RESULTS:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE # FOR APPT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIRECTIONS TO HOME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REASON FOR SAMPLING: - (Please circle one) Day Care Foster Care Private Residence**

**TYPE OF PRIVATE WATER SUPPLY – CHECK ONE**

\_\_\_\_\_\_ EXISTING WELL \_\_\_\_\_\_ NEW WELL \_\_\_\_\_ COMMUNITY WELL

\_\_\_\_\_ DRILLED WELL \_\_\_\_\_\_ SPRING \_\_\_\_\_CISTERN \_\_\_\_\_DUG WELL \_\_\_\_\_FARM POND \_\_\_\_\_OTHER

HAS THE WATER SUPPLY BEEN WORKED ON OR OPENED FOR SERVICE RECENTLY? YES\_\_\_ NO\_\_\_

HAS THE SYSTEM BEEN DISINFECTED (CHLORINATED) RECENTLY? YES \_\_\_ NO \_\_\_

FOR DEPARTMENT USE ONLY

Amount Paid \_\_\_\_\_\_\_\_ Date Paid \_\_\_\_\_\_\_\_

Receipt # \_\_\_\_\_\_\_\_ Received By \_\_\_\_\_\_\_\_

$10.00 Fee for extra TC \_\_\_\_\_\_\_\_ $25.00 Fee for extra \_\_\_\_\_\_\_\_

-Same Visit CFU Same Visit

NITRATES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHLORINE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_