



Richland Public Health

555 Lexington Ave., Mansfield, OH 44907
419-774-4500 • www.richlandhealth.org



Private Water System Sample Request Form

_____ \$70.00 Total Coliform and *E. coli* Sample (One time)

_____ \$35.00 Total Coliform and *E. coli* Sample (Sample during scheduled visit and/or inspection)

Requestor Information:

Requestor Name:	Township:
Sample Location Address:	Phone:
City:	Zip Code:
Requestor E-mail Address:	

Mailing Address: (For results if different from above)	
City:	Zip Code:

Reason for Sample (Please select one): Day Care Foster Care Private Residence

Type of Water Supply (Please select one):

- Existing Well Drilled Well Dug Well
 New Well Spring Pond
 Community Well Cistern Other

Has the water supply been worked on or opened for service recently? Yes No

Has the system been disinfected (Chlorinated) recently? Yes, Date: _____ No

(Department Use Only Below)

Amount Paid: _____ Date Paid: _____ Receipt #: _____ Received By: _____

Nitrates: _____ ppm

Chlorine: _____ ppm