

Service Request for Water Samples

Date: _____

Home Phone #: _____

Work Phone#: _____

Name: _____
First Middle Last

Address: _____
Street, Box Apt # , etc.

_____ City State Zip

Directions to Property: _____

Is your water supply from a well, spring or other? YES NO Other, please specify: _____

Is the sample to be taken at a house, mobile home or other? _____

What color is your house or mobile home? _____

Would you like the sanitarian to take the sample while someone is home or take it from an outside faucet?

TYPE OF SAMPLE REQUESTED:

- Bacteria (\$65)
- Chemical (\$80)
- Petroleum (\$80)
- Pesticide Analysis (\$80)
- Volatile Organic (\$80)

Checks may be payable to: **Caldwell County Health Department**

****Please have any pets tied or put up which might bite. Thank You.**