

WATER SAMPLE

Samples are collected Monday – Wednesday ONLY

DATE: _____

Please check:

- NEW EXISTING ALTERED RESAMPLE
 WELL CISTERN SPRING OTHER

NAME: _____

MAILING ADDRESS: _____

SAMPLE LOCATION ADDRESS: _____

TOWNSHIP: _____ PHONE #: _____

DIRECTIONS: _____

\$30.00

check payable to ASHLAND HEALTH DEPARTMENT

All results are held until payment is received

PAYMENT: MAIL OFFICE ON SITE – AT TIME OF SAMPLING

MAIL E-MAIL TELEPHONE

RESULTS: FAX _____

INSPECTION COMMENTS: _____

Ashland County Health Department
1763 State Route 60, Ashland, OH 44805
Environmental Health: 419-282-4337 / Fax: 419-282-4333