



ASHLAND COUNTY HEALTH DEPARTMENT

Ashland County Health Department Water Sample Request Form

Samples are collected Monday – Wednesday **ONLY**

Date: _____

Please Check:

- New Existing Altered Resample
 Well Cistern Spring Other

Name: _____

Mailing Address: _____

Sample Location Address: _____

Township: _____ Telephone #: _____

Directions: _____

Water Samples cost **\$75.00**; checks are payable to Ashland County Health Department.
All results are held until payment is received.

Payment: Mail Office On Site – At Time of Sampling

Results: Mail E-mail: _____ Telephone Fax: _____

Inspection Comments: _____

Revised: October 2020