



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: _____ TELEPHONE#: _____

DIRECTIONS: _____

\$100.00

check payable to ASHLAND 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: _____

Ashland County Health Department
1211 Claremont Ave Ashland, OH 44805
Environmental Health: 419-282-4337