

WATER SAMPLE REQUEST

Morgan County Health Department

4275 N.St. Rt. 376 NW

McConnelsville, Ohio 43756

\$75.00 fee and this form due prior to collection of sample

LOCATION OF REQUESTED SAMPLE

NAME _____ PHONE _____

ADDRESS _____ TOWNSHIP _____

CITY _____ STATE _____ ZIP _____

INFORMATION NEEDED ON PRIVATE WATER SYSTEM

TYPE OF SYSTEM WELL CISTERN DUG WELL SPRING CITY

COMPLETE AND ACCURATE DIRECTIONS TO PROPERTY

SIGNATURE _____ DATE _____