



APPLICATION FOR CERTIFIED WATER SAMPLE ONLY

| STAFF USE ONLY | DATE STAMP |
|--|--------------------------------|
| <h1 style="font-size: 48px; margin: 0;">LABEL</h1> <p style="font-size: 18px; margin: 10px 0 0 0;">PLEASE NOTE: ALL APPLICATIONS MUST BE COMPLETED IN BLACK OR BLUE INK <u>ONLY</u></p> | <p>Intake by: _____</p> |

TAX PARCEL # _____ Section _____ Township _____ Range _____

Property Address _____ City _____ Zip _____

Directions to the Property _____

Current Legal Owner _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Are there any hazards that the inspector should be advised about? (I.E. Dogs, alarms, locked gates, etc) Yes No

If yes, what? _____

Water Source -Location and Public I.D. # (If applicable) _____

Does the well service anything other than one single-family residence? Yes No If so, What? _____

Notes: _____

SEND REPORT TO (CHOOSE **ONE**): This address: _____

Call (name) _____ At (phone#) _____ For Pick-up

Fax to (name) _____ At (fax) _____

Applicant (if different than owner) Name _____ Phone _____

SIGNATURE OF APPLICANT _____ **DATE** _____

[By signing this form, the applicant certifies that Environmental Health staff are authorized to visit the property, and that the legal owner and any residents or occupants of the property are aware of this request.]