



**Lowndes County Health Department**  
 206 South Patterson St. • PO Box 5619 • Valdosta, Georgia 31603  
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[www.southhealthdistrict.com/lowndes](http://www.southhealthdistrict.com/lowndes)

## **WATER SAMPLE REQUEST FORM**

Submit with each request: \$50 for one water sample collected.  
 Any additional water samples will be \$50 each.

Property Owner Name	Phone Number(s)
Address of Property Owner CITY _____ STATE _____ ZIP _____	
Applicant's Name	Phone Number(s)
Applicant's Address CITY _____ STATE _____ ZIP _____	
Location of Property: i.e. Subdivision (Block & Lot Number): _____ Street Address: _____ CITY _____ STATE _____ ZIP _____	
Directions to Property: _____ _____ _____	
Signature (Owner or Applicant)	Date

**DOGS MUST BE CONTAINED, FENCES/WELL HOUSES UNLOCKED, AND WELL MUST BE POWERED**

**OFFICE USE ONLY:**

Sample Taken: Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Distance well is from tank \_\_\_\_\_ drain field \_\_\_\_\_  
 Area clean/accessible: Yes No  
 Well is covered or all holes sealed: Yes No  
 Well has surface water diversion and slab/curbing: Yes No  
 Well spigots have vacuum breaks: Yes No  
 Wells not in service sealed and maintained: Yes No