



Turner County Health Department
 745 Hudson Avenue • PO Box 614 • Ashburn, Georgia 31714
 Phone: (229) 238-9595 • Fax: (229) 567-3947
 www.southhealthdistrict.com/turner

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