



Cook County Health Department
204 North Parrish Avenue • Adel, Georgia 31620
Phone: (229) 896-7527 • Fax: (229) 896-4751
www.southhealthdistrict.com/cook

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) _____
Address of Property Owner _____	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