



Kathleen Toomey, Commissioner • Brian Kemp, Governor  
**Mark J. Eanes, MD, MBA, District Health Director**  
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## WATER SAMPLE REQUEST FORM

Submit with each request: \$50 for one water sample collected.

Any additional water samples will be \$50 each.

*Please return the form to the local health department in the county where the property is located.*

### Select County:

Ben Hill  
  Berrien  
  Brooks  
  Cook  
  Echols  
  Irwin  
  Lanier  
  Lowndes  
  Tift  
  Turner

Property Owner Information	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____
Applicant Information (if different from owner)	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____
Location of Property	Subdivision Name: _____ Block & Lot Number: _____ Street Address: _____ City: _____ State: _____ Zip: _____
Directions to property	_____ _____

Approximate Year Well Drilled: \_\_\_\_\_ Approximate Year Septic Installed: \_\_\_\_\_

Reason for Water Sample Request: \_\_\_\_\_

Location of well on property: \_\_\_\_\_

How would you prefer report delivered? Mail:  Email:  Fax:  Pick up:  Be sure info is filled out above.

**Signature (Owner or Applicant):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

### OFFICE USE ONLY:

Date Sample Taken: \_\_\_\_\_ Time: \_\_\_\_\_

Distance from well to 1) tank \_\_\_\_\_ 2) drain field \_\_\_\_\_ 3) sewer lines \_\_\_\_\_

Surface water diverted away from well:  Yes  No

Well cover or seal present and intact:  Yes  No

Curbing is water tight, sloping away from casing and sufficient to prevent contamination:  Yes  No

Vacuum break at all pump, hose and structure spigots:  Yes  No

Wells not in service sealed and maintained:  Yes  No

Area clean/accessible:  Yes  No

Evidence of septic failure:  Yes  No

Notes: \_\_\_\_\_ WWS: \_\_\_\_\_

