



Kathleen Toomey, Commissioner • Brian Kemp, Governor
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WATER SAMPLE REQUEST FORM

Submit with each request: \$80 for one water sample collected.

Any additional water samples will be \$80 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	_____ _____ _____

Is the power on to the well: Yes No
 Are there any filters/softeners on the well? Yes No
 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: _____