



# Portage County Combined General Health District

999 East Main Street  
Ravenna, Ohio 44266  
[www.portagehealth.net](http://www.portagehealth.net)



Portage County Health District 330-296-9919  
Fax 330-297-3597  
Portage County WIC 330-297-9422  
Columbiana County WIC 330-424-7293

Joseph Diorio, MPH, MS, REHS, Health Commissioner

## BACTERIAL/CHEMICAL WATER SAMPLING REQUEST

Please be advised, Portage County Combined General Health District (PCHD) water samples are taken Monday-Wednesday (may vary with holidays). Every effort will be made to schedule the water sample once PCHD has received the completed application and payment. Please plan a head and schedule the water sample in advance to accommodate any unforeseen delays. The property owner and the applicant listed on this application will receive a copy of the water report. The application must be signed by the owner of the property for PCHD to accept payment and schedule the water sample.

\*Please be advised, if there is no running water, no one present at the property to meet the inspector, and/or if there are traces of chlorine found in the water during the time of collection; the water sample will not be taken, and an additional \$21.00 transportation fee will be charged to return for the sample.\*

**This water sample is for (please check one box):**

- Bacterial Water Sample    Point-of-Sale/Refinance    Resample    JFS    Nitrate    Nitrite  
Physician Requested (Script attached)    Other: \_\_\_\_\_ Total Fee: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Requested by: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Property Address:** \_\_\_\_\_ **Township:** \_\_\_\_\_

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

If applicable, has the occupant been notified of PCHD coming to the property?:    Yes    No

Occupant (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact for Entrance into the House (Comments): \_\_\_\_\_

**I, the property owner, have read and agree to the requirements and conditions of PCHD's water sampling collection and evaluation. I, the property owner, agree to allow PCHD access to the above-mentioned property to conduct the evaluation of the well and collect the water sample.**

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date Paid _____	Receipt # _____
Date Paid _____	Receipt # _____
Date Paid _____	Receipt # _____

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Revised 11/05/20