



City of Middletown Health Department  
Middletown, Ohio

## *A Connected and Healthy Community to Live, Work and Play*

## **PRIVATE WATER SAMPLE REQUEST FORM**

### Select type of sample

Coliform \_\_\_\_\_ Private Request \_\_\_\_\_ Installation/Alteration \_\_\_\_\_

## Nitrate

Property Owner: \_\_\_\_\_

Property Owner's Mailing Address (Street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Owner's Phone Number: \_\_\_\_\_

**Address of Well Location:** \_\_\_\_\_

Person Requesting Sample: \_\_\_\_\_

Person Requesting Sample: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address for Water Sample to be Mailed to: (Street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Private Water Supply (*Circle One*): **CISTERN/WELL**

### Location of Private Water Supply (*Draw the Location in the Box-Be Specific*)

**Payment must be made at the time of sampling**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_