



**Belmont County Health Department**  
**68501 Bannock Rd. St. Clairsville, OH 43950**  
**Phone: (740)695-1202 Fax: (740) 695-8890**  
[www.belmontcountyhealth.com](http://www.belmontcountyhealth.com)

**WATER SAMPLE REQUEST FORM**

WATER SAMPLE FEE: \$100.00 (BACTERIA ONLY)

MAKE CHECK TO: BELMONT COUNTY HEALTH DEPARTMENT

**Samples collected Monday afternoons or Tuesday mornings**

PERSON REQUESTING SAMPLE: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS OF SAMPLE LOCATION: \_\_\_\_\_

\_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

ADDRESS, FAX, OR EMAIL FOR RESULTS: \_\_\_\_\_

REQUESTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SAMPLE REASON: \_\_\_\_\_  
(ROUTINE, FLOOD, LOAN, ALTERATION, ETC.)

PLEASE MARK:

\_\_\_\_\_ NEW \_\_\_\_\_ EXISTING \_\_\_\_\_ ALTERED \_\_\_\_\_ RESAMPLE

**NOTE: NEW PWS (PRIVATE WATER SYSTEM) FIRST SAMPLE INCLUDED IN THE PERMIT FEE.**

IF EXISTING, YEAR DRILLED OR DEVELOPED IF KNOWN: \_\_\_\_\_

\_\_\_\_\_ WELL \_\_\_\_\_ CISTERN \_\_\_\_\_ SPRING \_\_\_\_\_ OTHER

**SANITARIAN COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SANITARIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ rev. 01/21

**RESULTS:** THE WATER SAMPLE RESULTS APPLY ONLY TO THE DATE AND TIME THE SERVICE WAS PERFORMED.