



BLOUNT COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH WATER SAMPLE REQUEST

NAME: _____

MAILING ADDRESS: _____

SAMPLE ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE (DAYTIME HOURS): _____

IS LOT IN A SUBDIVISION? _____ YES _____ NO

SUBDIVISION NAME: _____

LOT NUMBER: _____ BLOCK: _____ UNIT: _____

DIRECTIONS: _____

IS THERE AN OUTSIDE FAUCET? _____ WHERE IS IT LOCATED? _____

IS THIS A _____ WELL OR _____ SPRING? IS THE SYSTEM CHLORINATED? _____

DOGS ON PROPERTY? _____

TEST RESULTS FROM THE LAB MAY INDICATE IF BACTERIA IS PRESENT OR ABSENT, OR THEY MAY BE REPORTED AS A NUMBER OF COLIFORM ORGANISMS PER 100 ml SAMPLE (AN INDICATION OF THE DEGREE OF CONTAMINATION). PLEASE MARK _____ YES OR _____ NO IF YOU WISH TO GET A NUMBER COUNT. PLEASE NOTE THAT ADDITIONAL PROCESSING TIME MAY BE REQUIRED FOR A NUMBER COUNT.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

DATE: _____ SIGNATURE: _____

TO BE COMPLETED BY ENVIRONMENTAL HEALTH DEPARTMENT

DATE: _____ TIME: _____ ENVIRONMENTALIST: _____

DATE: _____ FEES PAID: _____ RECEIPT #: _____

WILL RESULTS BE: _____ PICKED UP _____ OR _____ MAILED
_____ EMAILED