



**Adams County
Health Department**

Public Health
Prevent. Promote. Protect.

Environmental Health and
Emergency Preparedness
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WATER TEST APPLICATION

Date: _____

Testing Fee: \$100.00 per sample

Sample Address: _____

Owner's Name: _____ **Phone:** _____

Owner's Address: _____

Directions to Site: _____

Reason for Test: _____ **Approx. Age of System:** _____

System Type: Well _____ Cistern _____ HWST _____ Spring _____ Pond _____

Signature: _____ **Date:** _____

For Office Use Only

Date Paid: _____ **Receipt #:** _____ **Amount:** _____

Sample Date: _____ **Sample Time:** _____ **AR#:** _____

Sample Collected by: _____

Together We Care!