



**Adams County
Health Department**

Public Health
Prevent. Promote. Protect.

Environmental Health and
Emergency Preparedness
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WATER TEST APPLICATION

Date: _____

Testing Fee: \$80.00 per sample

Address of Sample: _____

Owner's Name: _____ Phone Number: _____

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: _____