



Public Health
Prevent. Promote. Protect.

Butler County
General Health District
Ohio

Water Sample Request

Updated July 12, 2021

General Information

Applicant Name		Phone
Location of Water Sample (Address)		
Township/City		Zip
Email	Requested Sample Date (WED ONLY)	Requested Sample Time (after 12 pm)
Owner Name (If Different From Applicant)		Phone
Email		
Water System Type (If Known)		
<input type="checkbox"/> Well <input type="checkbox"/> Cistern <input type="checkbox"/> Unknown <input type="checkbox"/> Hauled Water Tank <input type="checkbox"/> Public Water System <input type="checkbox"/> Other <input type="checkbox"/> Spring <input type="checkbox"/> Pond		

*A home owner or representative must accompany the Health District during the inspection to allow access to the property.

Requested Tests

<input type="checkbox"/> Total Coliform – QT 376: \$75.00 (base fee) + \$30.75 (lab costs) = \$105.75 <input type="checkbox"/> Nitrate Test to Sent to Laboratory: \$17.80		<input type="checkbox"/> Re-Sample Total Coliform: \$75.00 (base fee) + \$30.75 (lab fee) = \$105.75 <input type="checkbox"/> Other:	
*Reinspection fee of \$59.00 will be assessed to homeowner if inspection cannot be completed due to presence of chlorine, lack of running water, or other conditions that don't allow the sample to be taken.			
Total Fee:	Receipt Number:	NOTE: The first Total Coliform – QT 376 test and collection fee for newly permitted systems or food program required sampling are covered by the permit fee	
Health District Representative			Date

OFFICE USE ONLY

RS or SIT collecting sample		Date
Date Results Received	Coliform Sample Results	Follow-up Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Nitrate Results	AR#	Results Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Results Sent to Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Results Sent to Well Driller (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Comments/Observation at time of Sample:		

**If paying by check, please make check payable to Butler County General Health District.
Our address is 301 S. Third Street Hamilton, OH 45011**