



## Christian County Health Department Request for Official Water Sample

**Please Print Clearly**

Property Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Physical Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Requester Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Specific Directions to Site \_\_\_\_\_

Type of Water Supply       Private Well       Shared Well       Public       Other \_\_\_\_\_

Location of spigot closest to well \_\_\_\_\_

Brief description of problem/reason for testing \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Receipt #	New Well Series <input type="checkbox"/>	Date Received
Check #	Bacterial Test <input type="checkbox"/>	Received by
Date Collected	Point of sample collection	_____
Time		EPHS Signature
Date Analyzed	Satisfactory for drinking <input type="checkbox"/>	_____
Time	Unsatisfactory for drinking Coliform <input type="checkbox"/> E-Coli <input type="checkbox"/>	

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Lab# \_\_\_\_\_  
CD Investigation  Yes       No