

**PORTAGE COUNTY HEALTH DEPARTMENT  
449 S. Meridian St.  
Ravenna, OH 44266  
Phone: 330-296-9919/Fax: 330-297-3597**

**WATER SAMPLING REQUEST**

Permit # \_\_\_\_\_ New Well \_\_\_\_\_ Resample \_\_\_\_\_ Other \_\_\_\_\_  
Foster Care \_\_\_\_\_ Fee: \_\_\_\_\_ (If applicable)

Address \_\_\_\_\_ Township \_\_\_\_\_

Owner \_\_\_\_\_ Owner's Phone \_\_\_\_\_

Owner's Cell Phone: \_\_\_\_\_

Owner's Work Phone \_\_\_\_\_ Owner's Fax No. \_\_\_\_\_

Sample Requested by \_\_\_\_\_

Date Requested \_\_\_\_\_ Phone \_\_\_\_\_

Outside Spigot Available for Testing? Yes \_\_\_\_\_ No \_\_\_\_\_ Location: \_\_\_\_\_

Owner's Present Mailing: \_\_\_\_\_  
(Required) \_\_\_\_\_

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Other's Name: \_\_\_\_\_  
(Builder, Renters, etc.) \_\_\_\_\_  
Other's Requested \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Other's Fax Number: \_\_\_\_\_

2/15/07  
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(For Office Use Only)

Comments: \_\_\_\_\_  
\_\_\_\_\_