

**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 _____

JFS _____ Adoption _____ Fee: _____ (If applicable)

Address _____ Township _____

Owner _____ Owner's Phone _____
(8:00 to 9:30 AM)

Email: _____ Owner's Fax No. _____

Sample Requested by _____

Date Requested _____

Owner's Present **Complete** Mailing:

(Required)

Available Spigot Outside for Testing? _____ Yes/_____ No (**Existing wells only**)

Location of Spigot _____

Other's Name: _____

(Builder, Renters, etc.)

Other's Requested _____

Mailing Address: _____

Other's Email or _____

Other's Fax Number: _____

4/17/12

(For Office Use Only)

Comments: _____