



Portage County Combined General Health District

999 East Main Street
Ravenna, Ohio 44266
www.portagehealth.net

Rebecca Lehman, MPH, MPA, CHES, Health Commissioner



Portage County Health District 330-296-9919
Fax 330-297-3597
Portage County WIC 330-297-9422
Columbiana County WIC 330-424-7293

BACTERIAL/CHEMICAL WATER SAMPLING REQUEST

Please be advised, Portage County Combined General Health District (PCHD) water samples are:
Monday – Wednesday, (may vary with holidays).

Every effort will be made to schedule the water sample once PCHD has received the completed application and payment. Please plan ahead and schedule the water sample in advance to accommodate any unforeseen delays.

The property owner and the applicant listed on this application will receive a copy of the water report. The application must be signed by the owner of the property for PCHD to accept payment and schedule the water sample.

*Please be advised, if there is no running water, no one present at the property to meet the inspector, and/or if there are traces of chlorine found in the water during the time of collection, the water sample will not be taken.

*If requesting a nitrate and/or nitrite sample, those must be scheduled on **Wednesdays**.

This water sample is for (check boxes that apply):

Bacterial Water Sample Resample Nitrate Nitrite JFS Physician Requested (**Script Attached**) Other:

Date: _____ Requested by: _____ Email: _____

Phone #: _____ Fax #: _____

Property Address: _____ **Township:** _____

Owner: _____ Email: _____

Phone #: _____ Fax #: _____

If applicable, has the occupant been notified of PCHD coming to the property?: Yes _____ No _____

Contact for Entrance into the House (Comments): _____

I, the property owner, have read and agree to the requirements and conditions of PCHD's water sampling collection and evaluation. I, the property owner, agree to allow PCHD access to the above-mentioned property to conduct the evaluation of the well and collect the water sample.

Owner Signature: _____ **Date:** _____

Date Paid: _____

Receipt #: _____

Date Paid: _____

Receipt #: _____

Date Paid: _____

Receipt #: _____