



WATER TEST REQUEST FORM- \$80.00

Total Coliform and E. Coli, included. Other testing may require additional charges

REASON FOR REQUEST

<input type="checkbox"/> Real Estate Resample	<input type="checkbox"/> New/Alteration Well Resample	<input type="checkbox"/> Foster
<input type="checkbox"/> Refinance	<input type="checkbox"/> Other: _____	

NAME: _____

CONTACT PHONE NUMBER: _____

ADDRESS OF PROPERTY TO BE TESTED

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

TOWNSHIP: _____

MAIL TO (IF DIFFERENT THAN ABOVE):

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

TOWNSHIP: _____

PLEASE RETURN THE COMPLETED APPLICATION WITH PAYMENT TO:

MAHONING COUNTY PUBLIC HEALTH
ATTN: WATER TEST REQUEST
50 WESTCHESTER DRIVE
YOUNGSTOWN, OHIO 44515

OFFICE USE ONLY

Receipt # _____

Date Received _____

Date Scheduled _____