



PRIVATE WATER SYSTEM EVALUATION REQUEST

Location of Property: _____

Present Homeowner: _____

Homeowners Telephone Number: _____

Age of Home: _____

Age of Septic System: _____

Age of Well: _____

Past Homeowners: _____

Date of Request: _____

Person Requesting Evaluation: _____

Email Address: _____

Send Bill and Evaluation to: _____

_____ \$110.00 Private Water System Report (includes Quanti-Tray test) _____

_____ \$75.00 Coliform Bacteria + E-Coli Water Sample (Quanti-Tray test) _____

_____ \$50.00 + lab fee for other samples, or

_____ \$10.00 + lab fee for additional samples when taken at same time as other samples...

_____ Nitrate (\$24.00 lab fee)

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_____ Lead(\$26.45 lab fee)

_____ Total Coliform Bacteria (\$32.20 lab fee)

_____ Arsenic(\$26.45 lab fee)