

## Trumbull County Combined Health District 176 Chestnut Ave NE Warren, OH 44483

www.tcchd.org





Applicant must complete a	ΓER TEST: <u>Il</u> items. Please remit fee with appli	cation
Well / Water Test Fees:	ii items. Flease femit fee with appir	cation.
Date of request:	Bacteria *Lead Nitrates Expedited Lead & Nitrate fee TOTAL	97.00 87.00 86.00 10.50
Date of request.	<del></del>	
Reason for Testing: Property Sale FHA/VHA Loan	Day Care Children's Services	Other
Address / Location to be to	ested:	
Address:		_Township:
Directions to site:		
Results to be communicat	ed & mailed to:	
Name: Phone:		
Address: City/State/Zip:		
E-Mail Address:		
Access to be provided by:		
Name:	Phone:	
<ul> <li>Bacteria results will I</li> <li>Lead and Nitrate test week turn around for lead, of the string for lead, of</li></ul>	r a fee of \$10.50. o not run any water for 8 hours prior to ell 72 hours prior to testing. If there is arm testing.  Do not write below this line – Fo ************************************	test.  ny indication of chlorine in the water, we will  r Office use.  ***********************************
Paid Date:X:Office/forms/WaterTest_Application	By:Checked: Daily	roß