



TRUMBULL COUNTY COMBINED HEALTH DISTRICT

"Building a Healthy Community"

Frank J. Migliozi, MPH, REHS/RS

Health Commissioner

176 Chestnut N.E. • Warren, Ohio 44483

www.tcchd.org



Public Health
Prevent. Promote. Protect.

APPLICATION FOR WATER TEST:

Applicant must complete all items. Please remit fee with application.

Well / Water Test Fees:

| | | |
|--------------|--------------------------|-----------------|
| Bacteria | <input type="checkbox"/> | 97.00 |
| *Lead | <input type="checkbox"/> | 87.00 |
| Nitrates | <input type="checkbox"/> | 86.00 |
| TOTAL | | \$ _____ |

Date of request: _____

Reason for Testing:

- Property Sale Day Care Other _____
 FHA/VHA Loan Children's Services

Address / Location to be tested:

Address: _____ Township: _____

Directions to site: _____

Results to be communicated & mailed to:

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Access to be provided by:

Name: _____ Phone: _____

Tests are conducted by a state certified lab.

Bacteria results will be returned from lab approximately 1 week from testing.

Lead and Nitrate testing can take up to 3 weeks to be returned from lab; however can be expedited to 1 week turn around for a fee of \$10.50.

*If testing for lead, do not run any water for 8 hours prior to test.

Do not chlorinate well 72 hours prior to testing. If there is any indication of chlorine in the water we will not be able to perform testing.

Do not write below this line – For Office use.

Comments: _____

Paid Date: _____ By: _____ Checked: Daily Log _____

X:Office/forms/WaterTest_Application Rev. 7/24/17