

CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

APPLICATION FOR PRIVATE WATER SAMPLING

1. SAMPLE LOCATION: Address _____ Municipality _____
2. OCCUPANT: Name _____ Phone _____
3. OWNER: Name _____ Phone _____
4. PERSON TO RECEIVE RESULTS (CHECK): OCCUPANT _____ OWNER _____ OTHER _____
If other, Name and Address _____
5. WHO WILL PROVIDE ACCESS TO RESIDENCE (CHECK): OCCUPANT _____ OWNER _____ OTHER _____
6. TYPE OF WATER SUPPLY (CHECK): WELL _____ CISTERN _____ SPRING _____ OTHER _____
7. TYPE OF WELL (CHECK): DUG _____ DRILLED _____
8. IF DRILLED, TYPE OF CONSTRUCTION: BURIED SEAL _____ WELL PIT _____ PITLESS _____
9. DEPTH AND AGE OF WELL _____
10. LOCATION OF WATER SOURCE IN RELATION TO HOUSE _____
11. The fee for this service is \$130.00 initially and \$80.00 for each re-sample. THESE FEES ARE NON-REFUNDABLE. Make check payable to the **CUYAHOGA COUNTY BOARD OF HEALTH**. Complete this application and return both check and application to CUYAHOGA COUNTY BOARD OF HEALTH, 5550 Venture Drive, Parma, Ohio 44130.

- Due to laboratory reasons, samples are normally collected Monday through Friday of each week. Once the check and application are on file, the Sanitarian will contact the requestor to make the specific appointment. Please allow at least 24-48 hours to receive results.
- -In accordance with Cuyahoga County Board of Health procedures and Ohio Administrative Code Section 3701-28-19, any private water supply determined to constitute a public health hazard will be ordered to make necessary corrections. The undersigned agrees to upgrade or replace this water system and obtain necessary permits for alteration or replacement of this water system if sample results and/or findings of such survey are deemed necessary by the Cuyahoga County Board of Health. A water system installer registered by the state of Ohio may secure the permit.
- The undersigned understands that the Cuyahoga County Board of Health will not take further samples until satisfactory repairs and replacement of the water system have been completed.

**** ALL RETURNED CHECKS WILL BE CHARGED A TEN DOLLAR(\$10.00) PROCESSING FEE ****

I have read, understand and agree to the conditions stated on this form.

OWNER AND/OR OCCUPANT SIGNATURE

DATE

Roderick Harris, DrPH Health Commissioner

5550 Venture Drive ♦ Parma, Ohio 44130 ♦ Direct: 216.201.2000 ♦ Fax: 216.676.1311 ♦ www.ccbh.net