



Public Health
Prevent. Promote. Protect.

Tuscarawas County Health Department

Tuscarawas County Health Department Water Sample Application

The Tuscarawas County Health Department performs testing of drinking water for homeowners and private water supplies through laboratory analysis. A standard water sample is tested for E. coli and Coliform bacteria. For an additional cost, water may be tested for lead and nitrates.

If you wish to have your water tested, please complete this form and return with appropriate payment to:

**Tuscarawas County Health Department
Environmental Health Services
897 East Iron Avenue, Dover, Ohio 44622**

After receiving the completed form and payment, a representative from TCHD will contact you to arrange a time for sampling.

Please make checks or money orders payable to Tuscarawas County Health Department. Call (330) 343-5550 for pricing.

Type of Private Water System: _____ Well _____ Spring _____ Cistern _____ Pond

Requestor Name:		
Mailing Address:		
City:	State:	Zip:
Water Sample Location Address:		
City:	State:	Zip:
Phone #:	Email:	
Person who will provide access to the water supply at property:		
Contact Information for above person:		
Requesting add on of: _____ Lead _____ Nitrates		
Results should be sent to the following address:		
City:	State:	Zip:
Has the Private Water System been recently chlorinated? If yes, when?		

Unless the applicant states where the water sample is requested to be taken, TCHD will take the sample from a point of human consumption.

If the Private Water System (PWS) is sampled and exceeds the maximum contaminant levels per OAC 3701-28-04, the PWS may be disinfected and re-sampled at cost to the requestor if it is well water. Additional requirements may be necessary for springs, cisterns, and other water sources. If the PWS is found to be posing a potential health risk, TCHD may issue orders to make the necessary corrections within a 6-month time frame.

Requestor Signature: _____ Date: _____

Office Use Only

Received by: _____ Date: _____

Fee Paid: _____ Receipt #: _____

Sample Completed By: _____ on _____

Results sent By: _____ on _____