CHRISTIAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL
301 E BRICK
PO BOX 340
OZARK, MO 65721

Phone 417-581-8183
Fax 417-581-6130

Property Owner's Name_____ Phone_____

Physical Address_____ City, Zip_____

Requester Name_____ Address_____

City, State, Zip_____ Phone_____

Email Address _____

Specific Directions to Site_____

_____

Type of Water Supply ❑ Private Well ❑ Shared Well ❑ Public ❑Other_____

Location of spigot closest to well_____

Brief description of problem/reason for testing_____
Home Loan/Refinance ❑ Health ❑ Oder/Color Change ❑ Other ❑

_____

Signature_____ Date _____

Receipt # Check # Paid Amount:	New Well Series ❑ MNM ❑ Lead ❑ Bacterial Test ❑ **RETEST**		Date Received Received by
Date Collected Time	Point of sample collection		_____ EPHS Signature
Wellhead Observations:			_____ EPHS Signature
CD Investigation Yes ❑ No ❑			
Date Analyzed Time	Satisfactory for drinking ❑	Unsatisfactory for drinking Coliform ❑ E-Coli ❑	_____ EPHS Signature

San-31A

Lab #_____

Last Name, First Name _____

Date _____

Christian County Health Department is an equal opportunity employer, all services are offered on a non-discriminatory basis.