



Brown County Health Department

9116 Hamer Road, Suite 101, Georgetown, OH 45121
(P) 937.378.6892 | (F) 937.378.4301 | Monday – Friday 8AM – 4:30 PM
www.browncountyhealth.org



Public Health
Prevent. Promote. Protect.

Water Sample Request

Name: _____

Date: _____

Address: _____

Fee: \$ 88.50

Phone #: _____

Mailing Address (if different than above):

Email to send results to:

Reason for water sample:

Type of water source: _____

Do you have any type of water treatment? (i.e. water softener, filter, etc.) _____

If so what kind? _____

*****For Office Use Only*****

Person Collecting Sample: _____

Sample Tap: _____

Date Collected: _____ Time Collected: _____

Routine _____ Repeat _____ Nitrates Tested: _____ Yes _____ No _____ ppm

MASI # _____

Date Paid: _____

Receipt #: _____

Received by: _____