



## Water Well Test Request Form

**Step 1: Save this PDF fillable form on your device.**

**Step 2: Please complete the following information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Township/Municipality: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Step 3: Please select the type of test(s) you are requesting below.**

If a lending institution is requiring a water test, verify what test(s) are being required. Please note that each lending institution and loan is different.

Check ALL that Apply	TEST	Fee	Approximate Days for Results After Sampling
	BACTERIA ONLY (Total Coliform and E Coli)	\$72.00	2-3
	PROPERTY TRANSFER WELL EVALUATION (Total Coliform/E Coli, flow yield, well inspection, and final water well evaluation by the Stark County Health Department)	\$100.00	5-8
	RE-SAMPLE PROPERTY TRANSFER WELL EVALUATION	\$72.00	5-8
	LEAD - STANDARD	\$13.00	14-21
	LEAD - RUSH*	\$26.00	7-14
	NITRATES/NITRITES - STANDARD	\$32.00	14-21
	NITRATES/NITRITES - RUSH*	\$64.00	7-14

*\*Rush results are only available for lead and nitrate/nitrite tests.*

**Step 4: Submit completed form to [online@starkhealth.org](mailto:online@starkhealth.org).**

Our clerical staff will email you the invoice and a link to make payment online. Once payment is made our field staff will contact you to schedule an inspection time.