



Environmental Health Division

Ada & Boise County
 707 N. Armstrong Pl
 Boise, ID 83704-0825
 Ph. 327-7499

Elmore County
 520 E. 8th St. North
 Mountain Home, ID
 83647 Ph. 587-9225

Valley County
 703 N. 1st St.
 McCall, ID 83638
 Ph. 634-7194

PRIVATE WATER SAMPLE

Property Address: _____ Phone: _____
 Legal Description: Township _____ Range _____ Section: _____
 Subdivision: _____ Lot _____ Block _____ Size (acres) _____
 Location/Directions _____

Applicant's Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Applicant is : Landowner Contractor Installer Other _____

Owner's Name : _____
 Mailing Address : _____
 City: _____ State: _____ Zip Code: _____

Water test(s) requested:	MCL:	Date Sampled:	Results / Date:
Nitrite <input type="checkbox"/>	1.0 mg/L	_____	_____ / _____
Nitrate <input type="checkbox"/>	10.0 mg/L	_____	_____ / _____
Fluoride <input type="checkbox"/>	4.0 mg/L	_____	_____ / _____
Coliform Bacteria <input type="checkbox"/>	Presence	_____	_____ / _____
Arsenic <input type="checkbox"/>	10.0 ppb	_____	_____ / _____
Other <input type="checkbox"/>	_____	_____	_____ / _____

Only water samples from the list above were taken. This form does not constitute an approval of the water system. A survey of the subsurface sewage disposal system or water supply features was not conducted. For those services a Mortgage Survey will be necessary and can be obtained at any Central District Health Department office.

GPS Readings Well: N _____ . _____ . _____
 W _____ . _____ . _____

A plot plan must be drawn on the application showing any domestic wells in relationship to the house. (below)

Water Quality 15717	0080	Water Sample - Collection	\$75
	0084	Coliform Test	\$12
	0085	Fluoride Test	\$16
	0086	Nitrate Test	\$18
	0087	Nitrite Test	\$17
	0088	Arsenic Test	\$21

PLOT PLAN FOR PROPERTY
 Please draw house, well, and lot lines where applicable.

I hereby authorize the health authority to have access to this property for the purpose of collecting a water sample.

Signature _____ Date _____

EHS Signature _____ Date _____

Date			
Travel			
Inspect			
EHS			

Receipt #: _____ Date: _____

Fee: _____ Parcel I.D.#: _____