



Rebecca Nanyonjo-Kemp, DrPH
Director

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Health Officer

Water Sample Request Data Form

Applicant Information:		
Name of Requestor:	Phone Number: ()	-
Name of Occupant:	Phone Number: ()	-
Mailing Address For Water Sampling Results:		
Name:		
Address:	City:	State: Zip Code:
E-mail Address:		
Address of Water Sample Site: <i>Access to the water sampling location must be provided to Environmental Health staff (i.e. unlock gates, well house, etc.). Restrain or remove all animals from the water sample area.</i>		
Address:	City:	State: Zip Code:
Description of Well Location:		
Sample at:		
<input type="checkbox"/> Well (nearest hose bib) <input type="checkbox"/> Kitchen <input type="checkbox"/> Other _____		
<input type="checkbox"/> Sample request is for the California Regional Water Quality Control Board's Irrigated Lands Regulatory Program (ILRP). Please attach the <i>Drinking Water Well Member Information Form</i> to this request. (Note: Check box for ILRP Sample Request below.)		
Sample For:	Fees:	Rush:
<input checked="" type="checkbox"/> Sampling Fee <input type="checkbox"/> Bacteria <input type="checkbox"/> Nitrate <input type="checkbox"/> DBCP/EDB <input type="checkbox"/> General Mineral / Inorganic <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> ILRP Sample Request <i>(Nitrate + Nitrite with GeoTracker Upload Fee: \$76)</i>	\$ <u>54.00</u> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ Total Payment: \$ _____	<i>Please note that additional fees for rush requests may apply.</i> <input type="checkbox"/> 3 Day Rush Request <input type="checkbox"/> 5 Day Rush Request <input type="checkbox"/> 7 Day Rush Request All rush request must be confirmed by Moore Twining.
<p>I am the current property owner, tenant, or agent of the property owner possessing the authority to allow and hereby authorize representatives of Merced County to enter upon the above mentioned property for inspection and sample collection purposes.</p> <p>_____</p> <p>Signature-Current Property Owner, Tenant or Agent of the Property Owner Date</p>		
For Office Use Only		
Invoice # _____ Employee Processing Request: _____		

Vicki Jones, MPA, REHS
Environmental Health Division Director

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Assistant Public Health Director

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Assistant Public Health Director

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