

COLES COUNTY HEALTH DEPARTMENT

DAN STRETCH
RON BRADLEY
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DEBBIE WESCH

ENVIRONMENTAL HEALTH DIVISION

825 EIGHTEENTH STREET
POST OFFICE BOX 1064
CHARLESTON, ILLINOIS 61920

FAX NUMBER: (217) 348-5322

TELEPHONE NUMBERS:
(217) 348-0530 CHARLESTON

REQUEST FOR WATER SAMPLING

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

DAYTIME TELEPHONE NUMBER: _____

DIRECTIONS: _____

DAY TO COLLECT SAMPLE: (Monday, Tuesday, or Wednesday)

first choice _____

second choice _____

TIME TO COLLECT SAMPLE: (between 9:30 AM and 1:30 PM)

first choice _____

second choice _____

There is a Twenty-Seven Dollar and Twenty-Five Cents (\$27.25) fee payable in advance for the water sampling.

(office use only)
FEE: _____ CASH CHECK # _____ MO# _____

Sanitarian: _____

Date Sample Collected: _____ Time: _____

Laboratory: _____

Date Results Received: _____

Date Results Mailed: _____