



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 _____

Applicants Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Applicant is : Landowner Contractor Installer Other _____

Owners 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 office.

GPS Readings Well: N _____ . _____ . _____

W _____ . _____ . _____

Water Quality 15717	0080	Water Sample - Collection	\$78
	0084	Coliform Test	\$17
	0085	Fluoride Test	\$18
	0086	Nitrate Test	\$19
	0087	Nitrite Test	\$19
	0088	Arsenic Test	\$22

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

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.#: _____