



**COMMUNITY AND ECONOMIC
DEVELOPMENT DEPARTMENT**
Division of Environmental Health

Steve Maxey
Director

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Equal Opportunity Employer

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:		
☐ Well (nearest hose bib) ☐ Kitchen ☐ Other _____		
☐ 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:
☒ Sampling Fee	\$ <u>64.00</u>	<i>Please note that additional fees for rush requests may apply.</i> ☐ 3 Day Rush Request ☐ 5 Day Rush Request ☐ 7 Day Rush Request All rush request must be confirmed by Moore Twining.
☐ Bacteria	\$ _____	
☐ Nitrate	\$ _____	
☐ DBCP/EDB	\$ _____	
☐ General Mineral / Inorganic	\$ _____	
☐ Other _____	\$ _____	
☐ Other _____	\$ _____	
☐ ILRP Sample Request (Nitrate + Nitrite with GeoTracker Upload Fee: \$100)	\$ _____	
Total Payment: \$ _____		
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.		
Signature-Current Property Owner, Tenant or Agent of the Property Owner		Date
For Office Use Only		
Invoice # _____	Employee Processing Request: _____	