

# Private Water Sample by EHS



**Southwest District Health  
Environmental Health Services**

Receipt: \_\_\_\_\_ Date: \_\_\_\_\_  
 Fee: \_\_\_\_\_  
**Document #** \_\_\_\_\_

Property Address (If Available): \_\_\_\_\_  
 Legal Description: Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_  
 Location/Directions \_\_\_\_\_

Applicants Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Cod \_\_\_\_\_  
 Applicant is :  Landowner  Contractor  Installer  Other \_\_\_\_\_

Owners Name : \_\_\_\_\_  
 Mailing Address : \_\_\_\_\_ Phone # \_\_\_\_\_  
 City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Cod \_\_\_\_\_

Water test(s) requested/completed:		Results/Date:	Results/Date:
Nitrite test	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ / _____	_____ / _____
Nitrate test	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ / _____	_____ / _____
Lead sample	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ / _____	_____ / _____
Fluoride	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ / _____	_____ / _____
Coliform Bacteria	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ / _____	_____ / _____
Arsenic Sample	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ / _____	_____ / _____
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ / _____	_____ / _____

Comments: \_\_\_\_\_

**Only water samples from the list above were taken. This form does not constitute an approval system. A survey of the subsurface sewage disposal system or water supply features was not conducted. If you are purchasing a home, and you want to know more about the water supply and disposal system, those services a Mortgage Survey will be necessary and can be obtained at any Southwest District Health Services office.**

_____ EHS Signature	920 Main Street Caldwell, ID 83605 455-5400 455-5405 (fax)	824 South Diamond Nampa, ID 83686 465-8402 442-2809 (fax)																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 15%;">EHS Code</th> <th style="width: 15%;">Date</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Travel</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Inspect</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Date	EHS Code	Date						Travel				Inspect				1155 Third Ave. North Emmett, ID 83617 365-6371	1155 Third Ave. North Payette, ID 83661 642-9321
Date	EHS Code	Date																
Travel																		
Inspect																		

EHS			
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365-4729 (fax)

642-5098 (fax)

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Official Use Only)

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Size (acres):

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**Results/Date:**

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