



Henry & Stark County Health Department

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www.henrystarkhealth.com

Public Health
Prevent. Promote. Protect.

REQUEST FOR WATER SAMPLING BY SANITARIAN

HENRY COUNTY

STARK COUNTY

Please Print

OWNERS NAME: _____

OWNERS ADDRESS: _____
Street City Zip

HOME PHONE # _____ CELL PHONE # _____

SAMPLING SITE ADDRESS: _____
Street City Zip

PARCEL ID NUMBER: _____

Signature

Date

\$100.00 Fee Enclosed (Microbiology/Quantitative)

\$115.00 Fee Enclosed (Chemistry/Quantitative)

\$140.00 Fee Enclosed (Microbiology/Quantitative + Chemistry/Quantitative)

PAYMENT METHOD:

Cash

Check # _____

Credit Card - (Call into office with credit card information)

RECEIPT: Yes

No