Water Well Test Request Form

Step 1: Save this PDF fillable form on your device.
Step 2: Please complete the following information:

Name:_____ Address:_____

City:_____ Township/Municipality: Please Select _____

Phone:_____ Email:_____

Step 3: Please select the type of test(s) you are requesting below.
If a lending institution is requiring a water test, verify what test(s) are being required. Please note that each lending institution and loan is different.

Check ALL that Apply	TEST	Fee	Approximate Days for Results After Sampling
☐	BACTERIA ONLY (Total Coliform and E Coli)	$80.00	2-3
☐	PROPERTY TRANSFER WATER WELL EVALUATION (Total Coliform/E Coli, flow yield, well inspection, and final water well evaluation by the Stark County Health Department)	$125.00	5-8
☐	RE-SAMPLE WATER WELL EVALUATION	$80.00	5-8
☐	LEAD - STANDARD	$13.00	14-21
☐	LEAD - RUSH*	$26.00	7-14
☐	NITRATES/NITRITES - STANDARD	$32.00	14-21
☐	NITRATES/NITRITES - RUSH*	$64.00	7-14

**Rush results are only available for lead and nitrate/nitrite tests.*

Step 4: Submit completed form to online@starkhealth.org.
Our clerical staff will email you the invoice and a link to make payment online. Once payment is made our field staff will contact you to schedule an inspection time.

If you have any questions, please contact Courtney Myers at (330) 493-9904, extension 1472 or via email at myersc@starkhealth.org