



Sanilac County Health Department  
 Environmental Health Division  
 171 Dawson Street, Suite 123, Sandusky, MI 48471  
 Phone: 810-648-4098 Ext 124 Fax: 810-648-2646

Date Paid \_\_\_\_\_  
 Water Sampling Fee \_\_\_\_\_  
 Lab & Postage Fees \_\_\_\_\_  
 Total Amount Paid \_\_\_\_\_  
 Receipt Number \_\_\_\_\_

## SPECIAL REQUEST WATER SAMPLING

(Sampling done on Mon-Tues-Wed only)

### PROPERTY INFORMATION

Property Tax ID # \_\_\_\_\_ Township \_\_\_\_\_ Section# \_\_\_\_\_  
 Site Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Direction from nearest crossroads \_\_\_\_\_ On the N S E W side of road  
 Property Size: Road Frontage \_\_\_\_\_ Depth \_\_\_\_\_ Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_  
 Acres \_\_\_\_\_ if less than 1 acre include date of division/landsplit \_\_\_\_\_ and provide documentation showing division

### LANDOWNER INFORMATION

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 1st Phone # \_\_\_\_\_ 2nd Phone # \_\_\_\_\_  
 EMAIL Results to \_\_\_\_\_ OR Mail Results to this address Yes \_\_\_ No \_\_\_

### APPLICANT INFORMATION IF OTHER THAN LANDOWNER (IF APPLICABLE)

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 1st Phone # \_\_\_\_\_ 2nd Phone # \_\_\_\_\_  
 EMAIL Results to \_\_\_\_\_ OR Mail Results to this address Yes \_\_\_ No \_\_\_

**Sampling Type:** Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Water testing needed - check below

Bact \_\_\_ Partial Chem \_\_\_ Arsonic \_\_\_  
 Lead \_\_\_ Other \_\_\_

**PLEASE EXPLAIN REASON FOR SPECIAL REQUEST WATER SAMPLING/ OR ANY COMMENTS BELOW:**

---



---



---

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

*I hereby certify the above information is accurate. All above information must be provided or the application will be returned to you as incomplete and will not be processed.*

\*\* REQUIRED - MUST BE FILLED IN COMPLETELY TO PROCESS APPLICATION - REQUIRED \*\*