



**WATER QUALITY SAMPLE
REQUEST FORM**

Call Received By

Date

Time

CUSTOMER INFORMATION

Name

Home Phone

Work Phone

Address

Residential

City

Zip Code

Business

Other

NATURE OF INQUIRY

Taste & Oder

Dirty Water

Illness

Information

Other

Metallic

Yellow

Skin Irritation

Lead/Copper

_____.

Chlorinous

Brown

Bacterial

Sample Report

_____.

Medicinal

Black

Diarrhea

Taste & Odor

_____.

Chemical

Milky

Stomachache

Giardia/Crypto

Musty

Particulates

Headache

Backflow

Septic

Soapy

_____.

Point of use

Fishy

Rusty

Water Source

_____.

_____.

_____.

SOURCE OF PROBLEM - Office Use Only

Cold Water System

Hot Water System

Distribution System

Plumbing

Hot Water Tank

Air

Water Softener

Boiler

Disturbance

Cross-Connection

Heat Exchanger

Low Volume/Pressure

Point of Use Device

Plumbing

Construction

Water Softener

Dead End

Cross-Connection

Closed Valve

Other

Other

Other

REMEDICATION - Office Use Only

Inspection

Maintenance

Recommendation

Plumbing

Open Valve

Flush Cold Water System

Cross-Connection

Flush Hydrant

Flush Hot Water System

Flush Blowoff

Dissipation

Pull Meter

No Problem

Temp. Service

Other

Other

Other

RESOLUTION

TELEPHONE

INFO MAILING

SITE INVESTIGATION

COMMENTS

Signature

Date