

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the **Healthiest State** in the Nation

WATER SAMPLE QUESTIONNAIRE

Receipt No. _____ Date Paid. _____ Permit No: _____

Name _____ Name of Facility _____

Phone _____ Fax _____ Email _____

Do you want the results faxed to Santa Rosa County Building Inspection? Yes ___ or No ___

Property Address _____

Directions to Property _____

Test Requested: Bacteria ___ Lead ___ Nitrate ___ Other ___

Type of Water: Public ___ Well ___

Do you have any pets? Yes ___ or No ___ If so, Will they be restrained? Yes ___ or No ___

Days and Hours available for this office to take the sample: Days: _____ and Hours: _____

If Public water please provide name of company _____

If on a well, please provide type: Private ___ Rental ___ Business ___

For well use only:

Date well was finished _____ Is the pump operational at this time? Yes ___ or No ___

If yes what type of pump? Submersible _____ Shallow Well _____ Above Ground Jet _____

How deep is the well: _____ Who installed the well: _____

Has well been thoroughly flushed or been in continuous use? Yes ___ or No ___

Is well hooked to a chlorinator? Yes _____ or No _____

Do you have any current problems with the well? (Such as taste, color, odor, or medical problems) Yes ___ or No ___

Is well used for drinking water? Yes ___ No ___