

REQUEST FOR EVALUATION REPORT OF POTABLE WATER SUPPLY
WEBER-MORGAN HEALTH DEPARTMENT

477 23RD Street, Ogden, UT 84401

Phone: (801) 399-7160

Fax: (801) 399-7168

FEE REQUIRED AT TIME APPLICATION IS SUBMITTED - \$35.00

Prior to issuance of an Evaluation Report, the following information must be **completely** filled out, and accompanied by the appropriate fee. Please provide complete address of the water system to be tested.

Property Address _____ City _____ Land Serial # _____

Subdivision Name _____ Lot # _____

Person/Agency Making Request _____ Phone _____

Email Address _____

Original Owner _____

Present Owner/Occupant _____ Phone _____

Water Supply: Private Well _____ Spring _____ IF Well: Age _____ Depth _____

Is Access to Property Available; (i.e., locked gates, dogs restrained, etc?) Yes _____ No _____

Is the home vacant: Yes _____ No _____ Is there power to the house: Yes _____ No _____

Hours home _____ or Appointment needed _____



_____ Paid \$35.00 Date Ordered _____ Date Sampled _____