

# GLENN COUNTY

## Planning & Community Development Services Agency Environmental Health Department

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[www.countyofglenn.net](http://www.countyofglenn.net)



Mardy Thomas, Director

### Bacteriological Water Sample Request

WS #

Applicant Information:			
Owners Name: _____		Phone #: _____	
Mailing Address: _____		Fax #: _____	
Email Address: _____			
Property & Well Location:			
Assessor's Parcel Number: _____		Long. /Lat. Source: _____	
Well Longitude: _____		Well Latitude: _____	
Property Address/Location: _____			
(Provide Nearest Cross Road)			
Well Type:	Domestic <input type="checkbox"/>	Industrial <input type="checkbox"/>	Agricultural <input type="checkbox"/>
	Other <input type="checkbox"/>	Public <input type="checkbox"/>	
Distance From Well:	Septic Tank (ft.): _____	Dispersal Field (ft.): _____	Animal Enclosure (ft.): _____
Well Information:	Permit on File: _____	Age of Well (yrs.): _____	Depth of Well (ft.): _____
	Casing Dia. (in.): _____	Concrete Pad: _____	
Sample:	Date: _____	REHS: _____	Notice Date: _____

#### REHS Notes:

Date: _____	Fee Paid: _____	Receipt #: _____	Rec'd by: _____
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