

BUREAU OF ENVIRONMENTAL HEALTH DOWNHOLE CAMERA REQUEST

REQUESTING DEPARTMENT: _____	DATE OF REQUEST: _____	
CONTACT PERSON: _____	BEST TIME TO CONTACT: _____	
PHONE NUMBER: _____	FAX NUMBER: _____	
PROPERTY OWNER: NAME: _____	PHONE: _____	
ADDRESS: _____	ADDRESS OF PWS: _____	
CITY: _____	ZIP: _____	TOWNSHIP: _____
PWS CONTRACTOR: _____	PHONE NUMBER: _____	
ADDRESS: _____	CITY: _____	ZIP: _____
ODH REGISTRATION NUMBER: _____	FAX NUMBER: _____	
WELL LOG NUMBER: _____	DATE OF COMPLETION: _____	
WELL LOCATION COORDINATES: N: _____	W: _____	
REASON FOR REQUEST AND ADDITIONAL COMMENTS PERTAINING TO SYSTEM: _____ _____ _____		
THE FOLLOWING <u>MUST</u> BE DONE PRIOR TO SUBMITTING THE REQUEST UNLESS A BOND CLAIM HAS BEEN INITIATED OR THERE IS SEDIMENT AFTER RAIN.		
WATER SAMPLE DATES AND RESULTS (MINIMUM OF 3 REQUIRED): _____		
SUPERCHLORINATION METHOD: _____		
DYE TEST RESULT (STILL APPLIES TO SEDIMENT PROBLEMS): _____		

Please fax this form along with well log and/or bond claim letter to:

Rebecca Fugitt, R.S.
Bureau of Environmental Health
Residential Water and Sewage Program
Fax # 614-466-4556

ASSIGNED TO: _____	DATE ASSIGNED: _____
ADDITIONAL COMMENTS: _____ _____	