

### Potable Water Test Result Submittal Sheet (Private Systems Only)

This form is to be completed by the person performing the sampling or by the laboratory providing the sampling service and is to be accompanied by the laboratory test results for the Imperial County Environmental Health Division.

#### Project street address shown on the Imperial County Building Permit:

Please note that complete and accurate project identification information is critical in linking the sample results to a specific project. Therefore, project address, APN, Building Permit #, and Applicant Name must be confirmed by contacting the Imperial County Planning Department (442-265-1736) and obtaining the address assigned to the project in question.

Project Street Address \_\_\_\_\_

Property Owner Name, Address, and Phone \_\_\_\_\_

Assessor's Parcel #: \_\_\_\_\_

Building Permit #: \_\_\_\_\_

Building Permit Applicant: \_\_\_\_\_

#### Water Source Information (Provide Canal Name or Well Log):

Canal: \_\_\_\_\_

Water Well: \_\_\_\_\_

#### If applicable, indicate the basic components of the water treatment system with the name and model numbers of the treatment device:

Filters: \_\_\_\_\_

Disinfection: \_\_\_\_\_

Pumps: \_\_\_\_\_

Reverse Osmosis: \_\_\_\_\_

Other: \_\_\_\_\_

Name of Sampler: \_\_\_\_\_

Qualification of Sampler:  Laboratory Staff  Certified Water System Operator

Other Qualifications or Training (Describe): \_\_\_\_\_

Name of Laboratory Performing Testing: \_\_\_\_\_

Date of Sampling: \_\_\_\_\_

Completed By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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