

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 Division of Environmental Health.

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 (760-482-4236) and obtaining the address assigned to the project in question.

Project Street Address _____

Property Owner Name/Contact Information _____

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

Imperial County Public Health Department, Division of Environmental Health
 797 Main Street, Suite B, El Centro CA 92243
 Phone: (442) 265-1888 Fax: (442) 265-1903
www.icphd.org