

**WATER SAMPLE COLLECTION APPLICATION**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TOWNSHIP \_\_\_\_\_ COLLECTED BY \_\_\_\_\_

DATE OF REQUEST \_\_\_\_\_ DATE COLLECTED \_\_\_\_\_

REASON FOR SAMPLING \_\_\_\_\_

WATER SOURCE ADDRESS \_\_\_\_\_

WATER SOURCE WELL \_\_\_\_\_ BEACH \_\_\_\_\_ OTHER \_\_\_\_\_

SAMPLING POINT \_\_\_\_\_

LABORATORY \_\_\_\_\_

\_\_\_\_\_ MICROBIOLOGICAL SAMPLE @ \$40.00 = \_\_\_\_\_ [COLLECT FEE] [FEE PAID]

**ALL APPLICATION/PERMIT FEES ARE NON-REFUNDABLE**  
**RETURNED CHECK FEE \$20.00**

**Make Check or Money Order payable to: ULSTER COUNTY COMMISSIONER OF FINANCE**

**Return to: ULSTER COUNTY DEPARTMENT OF HEALTH  
ENVIRONMENTAL HEALTH SERVICES DIVISION  
239 GOLDEN HILL LANE  
KINGSTON, NEW YORK 12401**