

REQUEST FOR SERVICE

Please consider this a written request to have the water supply and/or Residential Onsite Wastewater Treatment System(IOWTS) inspected by the Genesee County Health Department at the following **address**:

Town of _____

Please mail (and/or fax) final inspection documentation to:

Name: _____

Name: _____

Address: _____

Organization: _____

Phone: _____

Fax: _____

- I do understand the geographical location(s) of the water supply and/or Onsite Wastewater Treatment system(s) may be utilized by the Genesee County Health Department for statistical and research purposes.

- I do understand services will not be rendered until payment is received in full by the Genesee County Health Department.

- I have enclosed a check or money order made payable to the **Genesee County Health Department**.

Property Owner Signature or Authorized Individual

Print Name

Date

Daytime Phone Number

Submit completed form, with payment, to:

Genesee County Health Department
3837 West Main Street Road
Batavia, New York 14020

Fees are subject to change without notice; contact the Genesee County Health Department, at (585) 344-2580 ext. 5555, for a current list of approved fees.

FEE FOR SERVICE	
Onsite Wastewater Treatment System Inspection	\$150.00
Private Water Sanitary Survey <i>(Coliform, E.Coli)</i>	\$75.00
ENHANCED WATER SAMPLING PACKAGES	
Private Water Plus Package <i>(Coliform, E.Coli, Nitrate)</i>	\$120.00
Potable Well Water Testing Package <i>(Coliform, E. Coli, Nitrate, Lead)</i>	\$140.00
Mortgage Well Water Testing Package <i>(Coliform, E. Coli, Nitrate, Nitrite, Lead)</i>	\$165.00
N+N Well Water Testing Package <i>(Coliform, E. Coli, Nitrate, Nitrite)</i>	\$145.00
Trace Metal Testing Package <i>(Coliform, E. Coli, Aluminum, Antimony, Arsenic, Barium Beryllium, Cadmium, Chromium, Copper, Lead, Manganese, Mercury, Nickel, Selenium, Silver, Thallium, Zinc)</i>	\$175.00