

# 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: _____ _____ _____
<b>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.</b>
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: _____ _____