

Phone: (806)-378-9472
Fax: (806)-378-3585
TDD: (806)-378-9472
ehealth@amarillo.gov



Receipt # _____
Date Paid _____

Amarillo Area Public Health District Application for Water Sample Collection

Name of Owner/Buyer/Realtor: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Address & Directions for water sample: _____

How do you want the results returned to you? Email Fax Mail

Name: _____

Email: _____

Fax: Name: _____ Company _____ Number: _____

Mail: _____ City: _____ State: _____ Zip: _____

Permit fees:	Water Samples	\$76.00
*If laboratory results show the water is of unsatisfactory bacteriological quality, a second sample must be collected and an additional fee must be paid. It is the applicant's responsibility to ensure that all animals are restrained and if the well has been chlorinated it must be chlorine free at time of collection. If the sample is unable to be collected for any reason, an additional fee will be charged for any further attempts. *		

Applicant's signature _____ Date _____

Mail Application and Permit Fee To
Environmental Health Department
PO Box 1971
Amarillo, TX 79105-1971

Physical Address
Environmental Health Department
808 S. Buchanan
Amarillo, TX 79101