



**WINNEBAGO COUNTY HEALTH DEPARTMENT**

**Mail to:** P.O. Box 4009  
Rockford, IL 61110

**Location:** 555 N Court St  
Rockford, IL 61103

**Phone:** (815)720-4100

**Fax:** (815)720-4203

**Website:** [www.wchd.org](http://www.wchd.org)

**E-mail:** [environmental@wchd.org](mailto:environmental@wchd.org)

**FOR OFFICE USE ONLY:**

Date Rec'd: \_\_\_\_\_

Amt. Rec'd: \_\_\_\_\_

Check#/Cash: \_\_\_\_\_

Receipt #: \_\_\_\_\_

App. #: \_\_\_\_\_

**Lead in Drinking Water Test - \$45.00**

INSTRUCTIONS: Complete and return this form along with your Loan Inspection Application and payment to the address shown above. (Please note: the FHA/VA Loan Inspection fee of \$205.00 already includes the \$45.00 lead water testing fee, however this form must still be completed.)

**Applicant's Agreement:**

I agree not to turn on or flush water at the property for a minimum of six (6) hours prior to sample collection. I understand that flushing or other use of water will invalidate this lead test.

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Applicant Name (print)

\_\_\_\_\_  
Applicant Signature

*By typing your name in the signature box above, you are electronically signing this document.*