



ENVIRONMENTAL HEALTH SECTION
106 EAST MORGAN STREET, Suite 105
BREVARD, NC 28712
828.884.3139 FAX 828.884.3259

Sampling # \_\_\_\_\_
Receipt # \_\_\_\_\_
Amount \_\_\_\_\_

Applicant \_\_\_\_\_

PHONE \_\_\_\_\_

Name of Owner of Well \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Table with 2 columns: Physical Address, Mailing Address

Directions to property \_\_\_\_\_

Well Location \_\_\_\_\_

Specific well or water problems \_\_\_\_\_

Water samples requested: Bacteria (\$35 ea) Full Panel: Bacteriological/Inorganic/Nitrate/Nitrite (\$150 ea)
\*Pesticide (\$75 ea) \*Petroleum (\$75 ea) \*VOC/VOA (\$75 ea) (\*add to full panel fee) TOTAL DUE

Water samples will be collected Monday through Wednesday mornings. No appointment is necessary. The well head will be inspected and water samples taken from an outside tap or prior to any filtration device (if possible). The applicant is responsible for uncovering the well head and removing any insulation for inspection.

I understand that a water analysis refers only to the sample collected and should not be regarded as a complete report on the water supply.

I certify the above to be correct to the best of my knowledge. Permission is hereby granted to perform the well head inspection and sampling on the property described above.

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

Date \_\_\_\_\_

If the well is not on your property, the property owner and/or tenant of the property where the well is located must also agree to your request.

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

