



WELL WATER SAMPLE REQUEST

For Assistance on requesting a well water sample please call Ken Bowyer 336-703-3155 or Mike Merrell 336-703-3167.

Name

Contact Phone

Address (address, city, zip)

Email

SITE ADDRESS (address, city, zip)

Tax Block Lot

Parcel Number

A representative of this Division is required to inspect your well to verify compliance with construction standards defined in 15A NCAC.02C.0100 prior to collection of any samples. If there are any deficiencies or violations found, you will be required to resolve them within 30 days of the date of the inspection and prior to sample collection.

TEST OPTION:	FEE:	TEST OPTION:	FEE:
_____ Microbiological (coliform/e-coli)	\$47.00	_____ Fluoride	\$47.00
_____ Inorganic	\$89.00	_____ Organic (VOA)	\$106.00
_____ Nitrate/Nitrite	\$47.00	_____ Pesticide	\$106.00
_____ Petroleum	\$106.00	_____ Uranium (plus 3 metals)	\$90.00
_____ Iron Reducing Bacteria	\$76.00	_____ Sulfate Reducing Bacteria	\$84.00
_____ Inorganic and Nitrate	\$95.00		
		TOTAL \$ _____	

Describe any issues or concerns you are having with your well water supply (ex: green stains, red stains, discolored water after rains, bad odor, etc.).

Well Information

Type of well? Bored ___ Drilled ___ Hand-dug ___
 Year Installed: _____ Outside Spigot YES _____ or NO _____
 Treatment System? YES _____ or NO _____ If yes, type of treatment system: _____

I grant permission to the Environment Health Section of Forsyth County Department of Public Health, right of entry onto my property for the purpose of inspecting the water supply wll and collection of requested water samples. I am aware and agree to resolve any violations or deficiencies addressed during this inspection within 30 days of notification.

Signature: _____ Date: _____