

Union County Environmental Health Water Sample Request Form

Site visit will not be made until appropriate fee has been paid to the Union County Environmental Health Office.

<input type="checkbox"/> INITIAL SAMPLE <input type="checkbox"/> RE-SAMPLE	<input type="checkbox"/> NEW WELL <input type="checkbox"/> EXISTING WELL
Owner Information: Name: _____ Address: _____ _____ Phone: _____	Site Information: Road Name: _____ Subdivision: _____ Lot#: _____
Type of Water Sample Requested: <input type="checkbox"/> Bacteria (\$60) <input type="checkbox"/> Inorganic (\$60) <input type="checkbox"/> Pesticide (\$60) <input type="checkbox"/> Petroleum (\$60) <input type="checkbox"/> Nitrate / Nitrite (\$50) <input type="checkbox"/> Inorganic Kit (\$5)	Type of Facility: <input type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Restaurant <input type="checkbox"/> Church <input type="checkbox"/> Business: (type)_____
Directions to Property from Monroe: _____ _____ _____ _____	
Brief Description of House: _____	
Has well been chlorinated: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No	Is there permanent treatment to well: <input type="checkbox"/> Yes, type: _____ <input type="checkbox"/> No
Is there an accessible tap at well? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, where should sample be taken: _____	Is there Power to the property / well? <input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant Information: (if different from owner) Name: _____ Address: _____ _____ Phone: _____ Fax: _____	Remarks: _____ _____ _____ _____
Send results to <input type="checkbox"/> Owner <input type="checkbox"/> Applicant	

By signing below, permission is granted to Union County Health Department to access property stated above for the purpose of sampling the well at above indicated site.

Signature

Date