



Union County Public Health Division  
 Environmental Health Section  
 500 North Main St., Suite 47  
 Monroe, NC 28112  
 Phone: (704)283-3553 Fax: (704)283-3825

# Water Sample Request Form

*Site visit will not be made until appropriate fee has been submitted to Environmental Health.*

<input type="checkbox"/> <b>INITIAL SAMPLE</b> <input type="checkbox"/> <b>RE-SAMPLE</b>		<input type="checkbox"/> <b>NEW WELL</b> <input type="checkbox"/> <b>EXISTING WELL</b>	
<b>Owner Information:</b> Name: _____ Address: _____ Phone: _____ Email: _____		<b>Site Information:</b> Road Name: _____ Subdivision: _____ Lot#: _____	
<b>Type of Water Sample Requested:</b> <input type="checkbox"/> Bacteria (\$60) <input type="checkbox"/> Nitrate/Nitrite (\$75) <input type="checkbox"/> Inorganic (\$115) <input type="checkbox"/> Pesticide (\$110) <input type="checkbox"/> Inorganic kit (\$60)* <input type="checkbox"/> Herbicide (\$110) <input type="checkbox"/> Iron Bacteria (\$60)* <input type="checkbox"/> Petroleum (\$105) <input type="checkbox"/> Sulfur Bacteria (\$70)*		<b>Type of Facility:</b> <input type="checkbox"/> House <input type="checkbox"/> Mobile Home Business: (type) _____ Number of Employees: _____	
*Owner collects and mails to NC State Laboratory of Public Health.			
<b>Directions to Property from Monroe:</b> _____ _____ _____ _____		<b>Brief Description of House:</b> _____ _____ _____	
<b>Has well been chlorinated?</b> <input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No		<b>Is there a water treatment system on the well?</b> <input type="checkbox"/> Yes, type: _____ <input type="checkbox"/> No	
<b>Where would you like the sample taken?</b> <input type="checkbox"/> Well <input type="checkbox"/> Outside tap <input type="checkbox"/> Inside tap		<b>Is there power to the property/well?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Applicant Information: (if different from owner)</b> Name: _____ Address: _____ Phone: _____ Fax: _____		<b>Comments:</b> _____ _____ _____	
<b>Send results to:</b> <input type="checkbox"/> Owner <input type="checkbox"/> Applicant			

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_