



Environmental Health
 500 N. Main Street
 Suite #47
 Monroe, NC 28112
 T. 704.283.3553
 unioncountyeh@unioncountync.gov
 www.unioncountync.gov

Water Sample Request Form

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

<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: _____ Email: _____		Site Information: Road Name: _____ Subdivision: _____ Lot#: _____	
Type of Water Sample Requested: <input type="checkbox"/> Bacteria (\$60) <input type="checkbox"/> Nitrate/Nitrite (\$75) <input type="checkbox"/> Inorganic (\$115) <input type="checkbox"/> Iron Bacteria (\$60) <input type="checkbox"/> Pesticide (\$110) <input type="checkbox"/> Petroleum (\$105) <input type="checkbox"/> Inorganic kit (\$60)* <input type="checkbox"/> Sulfur Bacteria (\$70) <input type="checkbox"/> Herbicide (\$110) <input type="checkbox"/> Arsenic Speciation (\$60)		Type of Facility: <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. Kit must be picked up from Environmental Health office.			
Directions to Property from Monroe: _____ _____ _____ _____		Brief Description of House: _____ _____ _____	
Has well been chlorinated? <input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No		Is there a water treatment system on the well? <input type="checkbox"/> Yes, type: _____ <input type="checkbox"/> No	
Where would you like the sample taken? <input type="checkbox"/> Well <input type="checkbox"/> Outside tap <input type="checkbox"/> Inside tap		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: _____		Comments: _____ _____ _____	
Send results to: <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:** _____

