



**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
<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 (\$70) <input type="checkbox"/> Nitrate/Nitrite (\$75) <input type="checkbox"/> Inorganic (\$130) <input type="checkbox"/> Iron Bacteria (\$80) <input type="checkbox"/> Pesticide (\$110) <input type="checkbox"/> Petroleum (\$105) <input type="checkbox"/> Inorganic kit (\$75)* <input type="checkbox"/> Sulfur Bacteria (\$80) <input type="checkbox"/> Herbicide (\$110) <input type="checkbox"/> Anion Analysis: fluoride, <input type="checkbox"/> Hexavalent Chromium             chloride, sulfate (\$35) (\$100) <input type="checkbox"/> Fluoride only- with Physician written referral (\$10) *Owner collects and mails to NC State Laboratory of Public Health. <b>Kit must be picked up</b> <b>from Environmental Health</b> <b>office.</b>	<b>Type of Facility:</b> <input type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Migrant Housing <input type="checkbox"/> Farm/Business  Business: (type) _____  Number of Employees: _____
<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>Send results to:</b> <input type="checkbox"/> Owner <input type="checkbox"/> Applicant	<b>Comments:</b> _____ _____ _____ _____

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: \_\_\_\_\_