

Environmental Health 500 N. Main Street Suite #47 Monroe, NC 28112

Water Sample Request Form

T. 704.283.3553 unioncountyeh@unioncountync.gov www.unioncountync.gov

□ INITIAL SAMPLE □ RE-SAMPLE	
Owner Information:	Site Information:
Name:	Road Name:
Address:	
	Subdivision:
Phone:	Lot#:
Email:	
Type of Water Sample Requested:	Type of Facility:
Bacteria (\$70)Nitrate/Nitrite (\$75)Inorganic (\$130)Iron Bacteria (\$80)Pesticide (\$110)Petroleum (\$105)Herbicide (\$110)Sulfur Bacteria (\$80)HexavalentAnion Analysis: fluoride, chloride, sulfate (\$35)Fluoride only- with Physician written referral (\$10)	 House Mobile Home Migrant Housing Farm/Business Business: (type) Number of Employees:
Directions to Property from Monroe:	Brief Description of House:
Has well been chlorinated?	Is there a water treatment system on the well?
Yes, Date No	Yes, type: No
Where would you like the sample taken? Well Outside tap	Is there power to the property/well?
Applicant Information: (if different from owner)	Comments:
Name	
Name: Address:	·
	·
Phone: Fax:	. <u></u>
Send results to: Owner 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: _____