

**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

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

□ INITIAL SAMPLE □ RE-SAMPLE	☐ NEW WELL ☐ EXISTING WELL
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)	House Mobile Home
Pesticide (\$110) Petroleum (\$105)	Business: (type)
☐ Inorganic kit (\$70)* ☐ Sulfur Bacteria (\$80)	business. (type)
Herbicide (\$110)	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?	Is there a water treatment system on the well?
Yes, Date No	Yes, type: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Where would you like the sample taken?	Is there power to the property/well?
Well ☐Outside tap ☐Inside tap	Yes No
Applicant Information: (if different from owner)	Comments:
The state of the s	
Name:	
Address:	
Phone:	
Fax:	
Send results to: Owner Applicant	
	onmental Health Department to access property stated above
for the purpose of sampling the well.	
Signature:	Date:
500A	

