

ENVIRONMENTAL HEALTH SECTION 106 EAST MORGAN STREET, Suite 105 BREVARD, NC 28712

828.884.3139 FAX 828.884.3259

Sampling #
Receipt #
Amount

Applicant	PHONE			
Name of Owner of Well	Phone			
Email Address				
Physical Address:	Mailing Address:			
Directions to property				
Well Location				
	TOTAL DUE : Bacteriological/Inorganic/Nitrate/Nitrite (\$200 ea) *Petroleum/VOC/VOA Kit (\$100 ea)(*add to full panel)			
head will be inspected and water samples ta	rough Wednesday mornings. No appointment is necessary. The well aken from an outside tap or prior to any filtration device (if possible). the well head and removing any insulation for inspection.			
I understand that a water analysis refers onl report on the water supply.	y to the sample collected and should not be regarded as a complete			
I certify the above to be correct to the best of head inspection and sampling on the proper	of my knowledge. Permission is hereby granted to perform the well ty described above.			
Applicant Signature	Date			
If the well is not on your property, the proper must also agree to your request.	erty owner and/or tenant of the property where the well is located			
Printed Name	Title			
Signature	Date			

Date	Results and Action Taken		
LL INSPECTION FIE		Time	D Ik-
MPLING:	Date		
	Date		
PECTION:	Date	Type	Results
	Permit #	Name	
llhead:		Well Diameter	Well Tag
Accessible? Yes	No	Hose Bibb	Well Depth
Air Vent		Drainage?	Casing Depth
Casing Type		Seal	Yield
Inches above gr		Cover/House	Pump Plate
25 Foot	50 Fo	ot 100 Foot	Feedlats/Manure/*Barns

Building Fdn Water-tight Sewage Streams, Creeks, etc.

Sewage Transfer* Surface Water bodies Petro Tanks

Reg. Chem/Petro 2°Cont. Gravesites

* May be reduced ½ for single family homes when warranted.

Septic/Subsurface* Sewage Waste Coll Lagoons/Waste Cesspools/Privies Reg Chem/Petro (no 2 °cont) Fertilizer/Pest's/Chem Land Clearing/ID Landfills 500 Feet

Landfills