



**ENVIRONMENTAL HEALTH SECTION 106**  
**EAST MORGAN STREET, Suite 105**  
**BREVARD, NC 28712 828.884.3139**  
**FAX 828.884.3259**  
 environmental.health@transylvaniacounty.org

In House Lab \_\_\_\_\_  
 Sampling # \_\_\_\_\_  
 Receipt # \_\_\_\_\_  
 Amount \$ \_\_\_\_\_

**Applicant** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**Name of Owner of Well** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

Physical Address:	Mailing Address:

**Directions to property** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Well Location** \_\_\_\_\_

**Specific well or water problems** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Water samples requested:</b>	<b>_____ TOTAL DUE</b>
Bacteria (\$50 ea) _____ Full Panel: Bacteriological/Inorganic/Nitrate/Nitrite (\$200 ea) _____	
Pesticide/Chlor. Pest.//Herbicide (\$100 ea) _____ Petroleum/VOC/VOA _____ \$100	

Water samples will be collected Monday through Wednesday mornings. No appointment is necessary. The well head will be inspected and water samples taken from an outside tap or prior to any filtration device (if possible). **The applicant is responsible for uncovering the well head and removing any insulation for inspection.**

I understand that a water analysis refers only to the sample collected and should not be regarded as a complete report on the water supply.

I certify the above to be correct to the best of my knowledge. Permission is hereby granted to perform the well head inspection and sampling on the property described above.

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

If the well is not on your property, the property owner and/or tenant of the property where the well is located must also agree to your request.

**Printed Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_