

Montgomery County Health Department Environmental Health Section

217 S. Main St.
Troy, NC 27371

Phone: (910) 572-8175
Fax: (910) 571-0912

REQUEST FOR WATER SAMPLE

APPLICANT'S NAME: _____ PHONE: _____
ADDRESS: _____

WELL OWNER'S NAME: _____ PHONE: _____
ADDRESS: _____

911 Address to Property including Gate code where applicable:

DIRECTIONS TO RESIDENCE OR SAMPLE SITE: _____

TYPE OF SAMPLE REQUESTED:

_____ BACTERIOLOGIC - \$25.00 <small>(coliform, fecal coliform)</small>	_____ PESTICIDE - \$40.00
_____ INORGANIC CHEMICAL - \$25.00 <small>(arsenic, iron, pH, lead, etc.)</small>	_____ PETROLEUM - \$40.00 <small>(Groundwater contamination chemicals included)</small>
_____ NITRATE - \$25.00 <small>(nitrates come from fertilizers, hog farms, etc.)</small>	_____ Fluoride - \$10.00 if Ordered separate <small>(Included in inorganic chemical)</small>

LIST ANY PARTICULAR PROBLEM WITH WATER:

IS THE WELL TO BE SAMPLED A DRILLED WELL? ____ YES ____ NO ____ UNSURE

IF YOU DESIRE SAMPLES TO BE COLLECTED FROM A SPECIFIC LOCATION (e.g., kitchen sink, well head, spigot in yard, etc.) PLEASE INDICATE: _____

I hereby give permission to the Montgomery County Health Department to collect from my well the water samples requested above.

OWNER'S SIGNATURE: _____ DATE: _____