



CHATHAM COUNTY PUBLIC HEALTH DEPARTMENT • DIVISION OF ENVIRONMENTAL HEALTH

80 EAST ST, P.O. BOX 130 • PITTSBORO, NC 27312-0130

PHONE 919-542-8208 • FAX 919-542-8288

WATER SAMPLE REQUEST

OFFICE USE ONLY
Receipt #
Initials
Date Rec'd
Ck# Cash CC
Amt. Rec'd
R.E.H.S.
Cityview
V

BACTERIA (COLIFORM) \$70.00

IRON BACTERIA \$70.00

INORGANIC (MINERAL) \$110.00

SULFUR BACTERIA \$70.00

NITRATE \$70.00

HEXAVALENT CHROMIUM \$110.00

Full Panel: Bacteria (Coliform only), Nitrate, & Inorganic

\*\*Requires prior health department authorization

FULL PANEL KIT \$150 (EXISTING WELL)

PESTICIDE\*\* \$150.00

FULL PANEL KIT \$0 (New Well-Initial Sample)

PETROLEUM\*\* \$150.00

++Existing Wells-Please indicate if you would like to have sample taken from outside or inside

If sample is taken inside owner must be present. We will call daytime phone number to schedule appointment.

A Bacteriological Analysis, Inorganic Analysis and Nitrate Analysis are required per State Law for all newly constructed wells within 30 days of the certificate of completion.

IMPORTANT: Prior to requesting an appointment for new well sampling, the well head must be completed,

the pump installed and provided with electricity. All chlorine disinfectant must be fully removed from the well.

Your water sample results will be sent by e-mail unless you request otherwise.

You may also check them on our webpage: http://www.chathamnc.org/index.aspx?page=650

Does home have a water treatment system? Yes No Type of system:

Property Owner\*
Property Owner's Mailing Address

City State Zip

Property Owner's Daytime Telephone Cell Phone Number

Property Owner's Email Address

Street Address of Well Location City State Zip

Subdivision or Mobile Home Park Name and Lot Number

Parcel Number

Person Requesting Sample

Daytime Phone Number Cell Phone number

Applicant's Email Address

\* If applicant for service is not the property owner or tenant, a signed Legal Representation Document is required to be submitted.

Directions to property where well is located.

Well location on property. BE SPECIFIC.

Empty boxes for directions and well location details.

PRIVATE WATER SUPPLY COMMUNITY WATER SHARED WELL LIVESTOCK IRRIGATION WELL

WELL DRILLER'S NAME

DRILLED WELL BORED WELL DUG WELL SPRING OTHER

Before your scheduled appointment with the Environmental Health Specialist, make sure:

- Your well casing is uncovered (for inspection) and properly sealed (no openings in well seal).
The water spigot is accessible (sample bottle must "fit" under spigot in sanitary manner).
There is no chlorine residue in water (use pool sample kit if necessary).
The well pump is operating properly (electricity provided).

Notify the Environmental Health Specialist before 9:00am on the scheduled appointment day if you are not ready for the sample collection. FAILURE TO COMPLY WITH THE ABOVE WILL RESULT IN FORFEITURE OF FEE PAID. A NEW FEE MUST BE PAID FOR THE ENVIRONMENTAL HEALTH SPECIALIST TO RETURN TO THE PROPERTY. I authorize county and state officials right of entry to conduct necessary inspections to determine compliance with applicable laws and rules to include mandated and requested water sampling.

SIGNATURE DATE

(Well Owner, Tenant or Legal Representative)

CCPHD/REVISED 9-2019 EHS

www.chathamnc.org/environmentalhealth