



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

BACTERIA (COLIFORM) \$70.00 IRON BACTERIA \$70.00
INORGANIC (MINERAL) \$110.00 SULFUR BACTERIA \$70.00
NITRATE \$70.00

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. The owner or owner's legal representative must submit a water sample application prior to the collection of the water sample by the Environmental Health Specialist.

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 Which 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.

Large empty rectangular box 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 or Legal Representative)