

APPLICATION FOR WATER SAMPLES PRIVATE WATER SUPPLIES

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WWW.ORANGECOUNTYNC.GOV



Environmental Health Division
P.O. Box 8181, 131 W. Margaret Lane Suite 100
Hillsborough, NC 27278

DATE RECEIVED: _____ WELL PERMIT # _____ - _____ APD# **WS** - _____ PIN _____

APPLICATION

APPLICANT: _____ PROPERTY OWNER: _____
Mailing Address _____ Mailing Address _____
Phone Number _____ Phone Number _____
EMAIL _____ EMAIL _____

PROPERTY ADDRESS AND DIRECTIONS _____

WELL INFORMATION (IF KNOWN):

TYPE OF WELL: DRILLED (6" DIAMETER) BORED WELL HAND DUG WELL
TYPE OF SAMPLE: NEW SAMPLE RE-SAMPLE (following previous positive results)
TYPE OF FACILITY RESIDENCE (Owner Occupied) RENTAL BUSINESS
WHEN WAS THE WELL LAST CHLORINATED? _____
DESCRIBE ANY CURRENT PROBLEMS WITH YOUR WATER. _____
WATER TREATMENT: CHLORINATOR ULTRA VIOLET (UV) DISINFECTION PH NEUTRALIZER
 WATER SOFTENER SEDIMENT FILTER IRON REMOVAL OTHER _____

TYPE OF SAMPLE REQUESTED:

- | | |
|--|---|
| <input type="checkbox"/> BACTERIOLOGIC SAMPLE \$60.00 | <input type="checkbox"/> NITRATE/NITRITE SAMPLE \$65.00 |
| <input type="checkbox"/> INORGANIC SAMPLE (ALKALINITY, ARSENIC, CALCIUM, CHLORIDE, COPPER, FLOURIDE, HARDNESS, IRON, LEAD, MAGNESIUM, MANGANESE, pH, SODIUM, ZINC) \$110.00 | |
| <input type="checkbox"/> FULL SAMPLE SUITE (INCLUDES THE THREE SAMPLES ABOVE PLUS: BARIUM, CADMIUM, CHROMIUM, MERCURY, SELENIUM, SILVER) \$110.00 | |
| <input type="checkbox"/> VOC (PETROLEUM) SAMPLE \$110.00 | <input type="checkbox"/> PESTICIDE SAMPLE \$110.00 |
| <input type="checkbox"/> IRON BACTERIA SAMPLE \$65.00 | <input type="checkbox"/> SULFUR BACTERIA SAMPLE \$75.00 |
| <input type="checkbox"/> RADON IN WATER TEST KIT * \$20.00 | <input type="checkbox"/> RADON IN AIR TEST KIT * \$20.00 |

* We provide radon kits for the applicant to mail in to the lab

WATER SAMPLES MUST BE REQUESTED BY THE OWNER OR TENANT OF THE PROPERTY WITH A SIGNATURE ON THIS FORM
THE WELL HEAD AND SAMPLING SPIGOTS MUST BE EXPOSED AND MADE ACCESSIBLE TO THE OCHD.

THE RESULTS OF THE REQUESTED WATER SAMPLES ARE NOT INTENDED FOR USE IN PROPERTY TRANSACTIONS, LOAN APPROVALS, OFFERS TO PURCHASE, OR REAL ESTATE CONTRACTS.

PLEASE DO NOT CHLORINATE THE WELL BEFORE SAMPLING UNLESS INSTRUCTED TO DO SO BY THE OCHD.

I AUTHORIZE THE OCHD TO ENTER THE PROPERTY AND PERFORM THE SERVICE REQUESTED.

OWNER / TENANT: _____ DATE: _____

RETURN WITH PAYMENT TO:

ORANGE COUNTY HEALTH DEPARTMENT, ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 8181, 131 W. MARGARET LN, SUITE 100, HILLSBOROUGH, NC 27278

Payment must be included with this application in order to complete the services

	Date	Notes
Chlorine Check	_____	_____
Samples collected	_____	_____
Samples collected	_____	_____
Well Head Protected?	_____	_____
Results e-mailed / mailed	_____	_____