

# Montgomery County Health Department

## Environmental Health Section

444 N. Main St.  
Troy, NC 27371

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

### REQUEST FOR WATER SAMPLE

APPLICANT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_  
WELL OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

DIRECTIONS TO RESIDENCE OR SAMPLE SITE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### TYPE OF SAMPLE REQUESTED:

_____ Full Well Panel (Bacteria, Inorganic Chemical, Nitrite/Nitrate)	\$100.00
_____ Bacteria Water Sample	\$40.00
_____ Inorganic Chemical	\$65.00
_____ Petroleum Sample	\$100.00
_____ Pesticide Sample	\$100.00
_____ Nitrate/Nitrite	\$35.00
_____ Sulfur/Sulfate Reducing Bacteria	\$45.00

#### 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: \_\_\_\_\_