

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: _____