

**Forsyth County Department of Public Health
Division of Environmental Health
Water Sample Request Form**

Owner Name: _____ Date _____
 Property Address: _____ Phone # _____
 Email: _____ Lot _____ Block _____ PIN# _____

You can request the Environmental Health Section to collect water samples from the well providing your water. Select from the list below and place a check beside the tests you would like analyzed and pay all applicable fees. The Section will utilize any information provided to assist with questions you have and/or feel free to call **703-3149/703-3167** for assistance. The representative of the Section is required to inspect your well to verify compliance with construction standards defined in *15A NCAC .02C .0100* prior to collection of any samples. If there are any deficiencies or violations found, you will be required to resolve them within 30 days of the date of the inspection and prior to sample collection. Please describe in the comment section any issues or concerns you have with your water supply, (ex: green stains, red stains, discolored water after rains, bad odor, etc.). This can assist us with sample result interpretation, tests you may wish to have performed and assist with resolutions to issues.

TEST OPTIONS:	FEE	TEST OPTIONS:	FEE
<input type="checkbox"/> Microbiological (coliform/ecoli Bacteria)	\$37.00	<input type="checkbox"/> Fluoride	\$39.00
<input type="checkbox"/> Inorganic	\$74.00	<input type="checkbox"/> Organic (VOA)	\$88.00
<input type="checkbox"/> Nitrate/Nitrite	\$39.00	<input type="checkbox"/> Pesticide	\$88.00
<input type="checkbox"/> Petroleum	\$88.00	<input type="checkbox"/> Uranium(plus 3 metals)	\$75.00
<input type="checkbox"/> Iron Reducing Bacteria	\$63.00	<input type="checkbox"/> Sulfate Reducing Bacteria	\$70.00
<input type="checkbox"/> Inorganic and Nitrate	\$79.00		
		TOTAL	\$ _____

COMMENTS:

WELL TYPE: (Circle one of the following) BORED DRILLED HAND-DUG
 YEAR INSTALLED: _____ OUTSIDE SPIGOT AVAILABLE: Y / N (CIRCLE ONE)
 TREATMENT SYSTEM: Y / N (CIRCLE ONE) TYPE OF TREATMENT SYSTEM: _____

I grant permission to the Environmental Health Section of the Forsyth County Department of Public Health, right of entry onto my property for the purpose of inspecting the water supply well and collection of requested water samples. I am aware and agree to resolve any violations or deficiencies addressed during this inspection within 30 days of notification.

Signature: _____ Date: _____

Make all checks payable to: FCDPH (Forsyth County Department of Public Health)
 Mail: Forsyth County Department of Public Health
 Environmental Health Division
 PO BOX 686
 Winston Salem NC 27102