

Please indicate Preferred Payment Method

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Public Health

Office Use Only	
West _____	East _____
Paid ____/____/____	
Cash Check CC OCC	
# _____	

ENVIRONMENTAL HEALTH DIVISION
 414 E. Main Street, Durham, NC 27701
 Ph 919-560-7800 Fax 919-560-7830 healthinspector@dconc.gov

Water Analysis Application

Name: _____ Owner Tenant

Mailing Address: _____

Telephone Number: _____ Email Address: _____

Address to be SAMPLED: _____

Type of Test	Tests for	Cost	Check box that applies
Bacteriological	coliform and E-coli	\$135	<input type="checkbox"/>
Inorganic (includes Nitrate/Nitrite)	metals, pH and water hardness	\$135	<input type="checkbox"/>
Pesticide	traces of pesticide ingredients	\$135	<input type="checkbox"/>
Petroleum	traces of petroleum ingredients	\$135	<input type="checkbox"/>
	Total		<input type="checkbox"/>

*Are you experiencing any problems with your well water?



*Does your well head extend above ground? YES NO

*How many wells are on this property? _____

*Does your water supply have **ANY** type of treatment system? YES NO

If so, please describe: _____

*Where would you prefer the sample be taken? (DCoDPH prefers to obtain the sample from a spigot at the wellhead if this can be arranged)

*Has this well been sampled previously for any reason? YES NO

If yes, who sampled the well and what were the results? _____

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to collect the requested water samples.

Owner/Legal Representative Signature _____ Date: _____