Burke County Environmental Health
110 North Green Street Morganton, NC 28655
(828) 764-9240

APPLICATION FOR WATER SAMPLE

Name of Applicant: _____

Applicant's Phone Number: (____) _____ (_____) _____

Email Address: _____

Address of Applicant: _____
_____

Type of water sample(s) requested:
_____Bacteriological $60.00 **_____Chemical $110.00**

What is the source of your water supply? _____Well _____ Spring
Do you have an outside water tap? _____ Yes _____No
Are you the owner of this well or spring? _____ Yes _____No
****If "No", do we have the owner's permission to be on the property & take this Sample? _____Yes _____No**
If you are not the owner & we do not have the owner's permission to be on the property, we cannot take a water sample.

Driving directions to well/property:_____
_____
_____
_____

****It can take up to 3 weeks to get results back from the state laboratory. Once the results are back, we will call you, at which point you may pick up a copy or we will mail them to you. The results of the water sample test should be considered an <u>indicator only</u> of the water quality. Burke County Environmental Health makes no assurances or guarantees of any kind related to the water's source/aquifer quality, the water source's construction standards, or current/future health significance of the water source tested.**

Applicant Signature: _____ Date:_____

OFFICE USE ONLY:
Well GPS Coordinates (optional): _____
Specialist's Initials: _____ Date Sample Taken: _____
Date Received Results: _____ Date Called/Mailed_____