

# ANSON COUNTY ENVIRONMENTAL HEALTH

## Water Sample Request

<b>Owner Information:</b>  Name: _____  Address: _____  _____  Phone: _____	<b>Site Information:</b>  Road Name: _____  Subdivision: _____  Lot #: _____
New Well _____ Existing Well _____ <b>Type of Water Sample Requested:</b> Bacteriological ( \$ 60 )      _____ Inorganic ( \$100)                      _____ Nitrate ( \$60)                              _____ Petroleum/Pesticide (\$100)      _____ Lead (\$100 )                              _____ As of Nov1,2019	<b>Type of facility:</b> House: _____ Mobile Home: _____ Restaurant: _____ Church: _____ Business Type: _____ Other: _____
Direction to Site: _____  _____  _____	Description of House: _____  _____  _____
<b>Has well been chlorinated?</b>  Yes    Date chlorinated _____    No	<b>Is there permanent treatment to well?</b>  Yes    Type _____    No
<b>Is there an accessible tap at well?</b>  Yes ___ No ___ Where should sample be taken? _____	<b>Is there power to the property/well?</b>  Yes ___ No ___
<b>Applicant Information: (if different from owner)</b>  Name: _____  Phone: _____	Amount Paid: _____  Signature: _____  Dated signed: _____

**By signing, permission is granted to Anson County Health Department to access property stated above for the purpose of sampling the water at the site indicated.**