Toe River Health District - Environmental Health Section Application of Water Analysis

____Avery County Health Dept. 545 Shultz Cr. Newland NC 28657 828-733-6031 averyEH@toeriverhealth.org

Mitchell County Health Dept. 130 Forest Service Dr. Ste A Bakersville NC 28705 828-688-2371 mitchellEH@toeriverhealth.org

NOTE: Samples will not be taken from any unprotected or open supply. ☐ Inorganic Chemical \$125.00 ☐ Bacterial & Inorganic Chemical \$175.00 ☐ Other \$125.00 describe: _Phone: ______ Owner: Address: __ Email address: __ Directions to Property: Is this sample for a regulated establishment (daycare, restaurant, etc.)? ☐ Yes ☐ No Is this sample for a loan or to meet any other legal or contractual requirement? ☐ Yes ☐ No Approximate Location of Water Supply: Water Source: ☐ Private ☐ Public ☐ Drilled Well ■ Dug Well ☐ Bored Well Sprin g ■ Non-Chlorinated Have repairs been made to the system? ☐ Yes ☐ No ☐ No Does water become cloudy following rainfall? ☐ Yes ☐ No Any discoloration? ☐ Yes No Staining of plumbing fixtures? Yes Any taste or odor problems? Yes Other (explain): _____ If you have a well, does the well casing extend above ground 6 inches? ☐ Yes ☐ No Is there a slab 4 inches thick extending 3 feet in all directions from the well? ☐ Yes ☐ No

Receipt #

Staff Initials

Date

Applicant Signature

Date Collected: Time Collect						
Collection Point:Collected by:						
FOR AGENCY Colilert P/A M						
Total Coliforms:	Present	Absent	Fecal/E. Coli: Pr	esent	Absent	
Sample meets state bacteriological standards: Yes NoResample requested						
						If No, why:
				Dat	e Analysis Begun:	Time Analysis Begun:
				Date Analysis Completed: <u>Time Analysis Completed:</u>		
Certified By:						
Comments:						

TRHD 7-2022 AR, 7/2023 AR