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

____Avery County Health Dept. 545 Shultz Cr. Newland NC 28657 828-733-6031 achd@toeriverhealth.org
____Mitchell County Health Dept. 130 Forest Service Dr. Ste A Bakersville NC 28705 828-688-2371 mchd@toeriverhealth.org

NOTE: Samples will not be taken from any unprotected or open supply.

Analysis desired:	☐ Bacterial \$75.00 ☐	Inorganic Ch	emical \$1	25.00	☐ Bacter	ial & Inorganic Chemical \$175.00		
	☐ Other \$125.00 describe:							
					Phone:			
Owner: Address: Email address: Directions to Pro	perty:							
•	a regulated establishment (d	aycare, resta	urant, etc	c.)?	☐ Yes	□ No		
·	ation of Water Supply:	S		•				
	Spring 🔲 Drilled Well	☐ Dug Well		ored Well	☐ Othe	r:		
Have repairs been	☐ Yes	☐ No	If yes, v	vas system	chlorinated?	☐ Yes	□ No	
Does water becon	☐ Yes ☐) No						
Any discoloration?	☐ Yes ☐) No						
Staining of plumbi	☐ Yes ☐) No						
Any taste or odor problems?		☐ Yes ☐) No					
Other (explain):								
If you have a well,	does the well casing extend	above ground	d 6 inches	:?	☐ Yes	□ No		
ls there a slab 4 in	ches thick extending 3 feet in	all direction	s from the	e well?	☐ Yes	□ No		
Applicant Signatur	re		Rece	eipt#		Staff Initials	Date	<u>.</u>

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

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