

# 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](mailto:achd@toeriverhealth.org)

\_\_\_Mitchell County Health Dept. 130 Forest Service Dr. Ste A Bakersville NC 28705 828-688-2371 [mchd@toeriverhealth.org](mailto:mchd@toeriverhealth.org)

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

Analysis desired:  Bacterial \$75.00  Inorganic Chemical \$125.00  Bacterial & Inorganic Chemical \$175.00

OTHER \$125: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

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 requirements?  Yes  No

Approximate location of Water Supply: \_\_\_\_\_

Water Source:  Private  Public  
 Spring  Drilled Well  Dug Well  Bored Well  Other: \_\_\_\_\_

Type of Treatment:  Chlorinated  Non-Chlorinated

Have repairs been made to the system?  Yes  No If yes, was system chlorinated?  Yes  No

Does water become cloudy following rainfall?  Yes  No

Any discoloration?  Yes  No

Staining of plumbing fixtures?  Yes  No

Any taste or odor problems?  Yes  No

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

Applicant Signature \_\_\_\_\_ Receipt # \_\_\_\_\_ Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

Date Collected: \_\_\_\_\_ Time Collected: \_\_\_\_\_

Collection Point: \_\_\_\_\_ Collected by: \_\_\_\_\_

### FOR AGENCY USE ONLY:

#### Colilert P/A Method

Total Coliforms: Present \_\_\_\_\_ Absent \_\_\_\_\_ Fecal/E. Coli: Present \_\_\_\_\_ Absent \_\_\_\_\_

Sample meets state bacteriological standards:  Yes  No \_\_\_\_\_ Resample requested.

If No, why: \_\_\_\_\_

Date Analysis Begun: \_\_\_\_\_ Time Analysis Begun: \_\_\_\_\_

Date Analysis Completed: \_\_\_\_\_ Time Analysis Completed: \_\_\_\_\_

Certified By: \_\_\_\_\_

Comments: \_\_\_\_\_