# Toe River Health District - Environmental Health Section
## Application for Water Analysis


**Avery County Health Dept.**
545 Schultz Circle
Newland, NC 28657
828-733-6031
AveryEH@toeriverhealth.org

**Mitchell County Health Dept.**
130 Forest Service Dr., Suite A
Bakersville, NC 28705
828-688-2371
MitchellEH@toeriverhealth.org

**Yancey County Health Dept.**
202 Medical Campus Drive
Burnsville, NC 28714
828-682-3003
YanceyEH@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 $125.00 describe: _____

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 requirement? ❑ 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 |

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**For Agency Use Only:** Date Collected: _____ Time Collected: _____
Collection Point: _____ Collected by: _____

**Colilert P/A Method**

**Total Coliforms**: Present _____ Absent _____ **Fecal/E. Coli**: Present _____ Absent _____

Sample meets state bacteriological standards: ❑ Yes ❑ No

**If No, why**: _____

Date / time analysis began: _____ LAB Tech Signature _____
Date / time analysis complete: _____ LAB Tech Signature _____

❑ Resample requested

Comments: