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.

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

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 _____Resample requested

If No, why: _____

Date Analysis Begun: _____ Time Analysis Begun: _____

Date Analysis Completed: _____ Time Analysis Completed: _____

Certified By: _____

Comments: