



**COUNTY OF DURHAM**  
**HEALTH DEPARTMENT**

**ENVIRONMENTAL HEALTH DIVISION**  
Telephone Number: 919-560-7800 Fax: 919-560-7830  
**APPLICATION FOR WATER SAMPLE**

Name: \_\_\_\_\_ Owner \_\_\_\_ Tenant \_\_\_\_

Address to be sampled: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Type of Sample: Bacteriological 50.00 \_\_\_\_ Inorganic 50.00 \_\_\_\_

Pesticide 70.00 \_\_\_\_ Petroleum 70.00 \_\_\_\_ **FEE PAID \$** \_\_\_\_\_

Are you experiencing any problems with your well water? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your well head extend above ground? YES \_\_\_\_ NO \_\_\_\_

How many wells are on this property? \_\_\_\_\_

Does your water supply have **ANY** type of treatment system? YES \_\_\_\_ NO \_\_\_\_

If so, please describe: \_\_\_\_\_

The Durham County Health Department prefers to obtain the sample from a spigot at the well head if this can be arranged.

Where would you prefer the sample be taken? \_\_\_\_\_

\_\_\_\_\_

Has this well been sampled previously for any reason? YES \_\_\_\_ NO \_\_\_\_

If yes, who sampled the well and what were the results? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of the Owner or Authorized Agent allows this Department access to the property to collect the requested water sample.

Date: \_\_\_\_\_ Owner/Authorized Agent: \_\_\_\_\_

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