Alexander County Environmental Health

6125 NC Hwy 16 South, Taylorsville, NC 28681

(828)632-1000 Call between 8:00-9:00 M-F

Application:	
Fee:	
Receipt #:	
Date:	
Received by:	

Application for well water sampling

Applicant Informatio	<u>n</u>		
Applicant name:	Address	s:	_
Home & Work Phone:			
Directions to property:			
			_
Well Type: Drilled well:	Bored well:	Other:	
Treatment type (if any):			
Type of sample requested:		Inorganic Chemical	_
	Pesticides	Petroleum	
Inspection and Collect	<u>ction Information</u> (To be con	mpleted by Environmental Health)	
Well Properly Protected:	Yes No expl	lanation:	
		Collected by:	
		Concecca by.	
I have read this application and coconduct necessary inspections.	ertify that the information provided hereir	n is true, complete and correct. Authorized county and state office	cials are granted right on entry to
Property owner's or property of	Date: Date:	e (required)	