

**DAVIDSON COUNTY HEALTH DEPARTMENT
APPLICATION FOR WATER SAMPLE**

PARCEL ID #: _____

FILE #: _____

TYPE OF SAMPLE REQUESTED: *Bacteria:* *Chemical:* *Petroleum:*
Volatile Organic Compound (VOC): *Nitrate/Nitrite:* *Fluoride:*
New Well Panel Test Kit without VOC: *New Well Panel Test Kit with VOC:*
Other: *Specify:* _____

Well Owner: _____

Tenant Name: _____

Well Location Address: _____

Mailing Address: _____

Home Phone Number: _____ **Daytime Phone Number:** _____

Email Address: _____

Directions to well: _____

Location of well on property: _____

Comment(s): _____

EHS Note: _____

BACTERIA SAMPLE INFORMATION:

The application for a bacteriological water sample is \$60.00 for each occurrence. A bacteriological sample may only be taken from a properly protected well. The \$60.00 fee will not be refunded if your well is not properly constructed and cannot be sampled. However, if the well construction is brought up to minimum standards within one year from the application date, no additional fee will be charged for a bacteriological water sample.

Owner Signature

Date

(Office Use Only)

Initial Site Visit Date: _____ **EHS ID:** _____ **Grid:** _____

Sample Date: _____ **Comments:** _____