

Alamance County Health Department
Environmental Health Section
209 N. Graham-Hopedale Road
Burlington, NC 27217
Phone: (336) 570-6367

Fax: (336) 570-6362

www.alamance-nc.com

REQUEST FOR WATER SAMPLE(S)

Tax Map Number: _____ GPIN: _____

Requester's Name _____

Address: _____
STREET CITY STATE ZIP

Telephone #: _____ Cell #: _____

Email Address: _____

Owner's Name: _____

Address: _____
STREET CITY STATE ZIP

Telephone #: _____ Cell #: _____

Email Address: _____

Directions to Property: _____

TYPES OF WATER SAMPLES

WATER SAMPLE - Circle the type you want.

Bacteriological (\$15.00) Chemical (\$25.00) Petroleum (\$30.00) Nitrate/Nitrite (\$25.00)

Volatile Organic Compound (\$30.00) Pesticide / Herbicide (\$25.00 each) Sulfur Bacteria (\$15.00)

Type of Water Supply: Drilled Bored Hand Dug Spring Don't know

I have read this application and certify that the information provided herein is true, complete, and correct to the best of my knowledge, and is given in good faith. I understand that any or all permits applied for or granted shall be void if any of the information is incorrect or false. Permission is granted for Health Department Personnel to perform the necessary evaluations and inspections on the property.

PLEASE BE ADVISED THAT ALL PAYMENTS ARE FINAL AND NO REFUNDS OR TRANSFER OF FUNDS ARE POSSIBLE. BY SIGNING AND SUBMITTING YOUR PAYMENT YOU ARE AGREEING TO THESE TERMS AND CONDITIONS.

Owner/Applicant Signature: _____ **Date:** _____

Please make check payable to: ALAMANCE COUNTY HEALTH DEPARTMENT

ALAMANCE COUNTY ENVIRONMENTAL HEALTH
APPLICATION FOR PERMITS

PROPER PHOTOGRAPHIC IDENTIFICATION IS REQUIRED

I certify that I am the owner, have contracted to purchase, or have been contracted by the owner of the property to provide a service on the property referenced herein and that such service requires a permit issued by the Alamance County Health Department for the following permits: Soil/Site Evaluation-Improvement; Authorization to Construct; Well Permit; Manufactured Home Park Permit; Existing Wastewater System Inspection; Water Sample; Tattoo; Swimming Pool; Swimming Pool Plan Review; Food Services, Child Care, Rest Home, etc. Plan Review and Permit.

Name _____ Phone # _____
(Applicant)

Mailing Address _____

Agency/Firm _____

Property Owner _____
(If different From Applicant)

I certify that all of the information set forth on this form is accurate.

(Signature)

DOB _____ ID _____ Verified By: _____
(NC Drivers License or Photo ID) (Initial)