



MADISON COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH
493 Medical Park Drive, Marshall, NC 28753
Telephone: 828-649-9598 ☐ Fax: 828-649-9370

WATER SAMPLE REQUEST

DATE: _____

NAME OF OWNER or APPLICANT: _____

MAILING ADDRESS: _____

DAYTIME PHONE: _____

LOCATION SAMPLE WILL BE TAKEN FROM (ROAD NAME IF NO ADDRESS):

REASON FOR SAMPLE: _____

WATER SUPPLY: WELL _____ SPRING _____ OTHER (SPECIFY) _____

PLEASE INDICATE THE TYPE OF SAMPLE YOU WOULD PREFER:

BACTERIA _____ CHEMICAL _____ NITRATES/NITRITES _____
\$50.00 \$70.00 \$30.00

BACTERIA & CHEMICAL _____ INSPECTOR _____
\$120.00 \$50.00

Please make checks payable to Environmental Health.

You will need to come by the office and pick up specific water container(s)

<i>For Office Use Only</i>
<i>Payment received by:</i>
<i>Payment: Cash:</i> <input type="checkbox"/> <i>Check:</i> <input type="checkbox"/> <i>CC:</i> <input type="checkbox"/>
<i>Bottles given to Owner: Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
<i>Date Sample Taken:</i>
<i>Time Sample Taken:</i>
<i>Location Sample Taken From:</i>