

Swain County Health Department
545 Center Street
Bryson City, NC 28713
Phone: (828) 488-3198

Application for Water Sample

Date: _____ Total Payment Amount Enclosed: _____

Applicant Full Name: _____

Mailing Address: _____

Physical Address: _____

Email Address: _____

Home/Work/Cell Phone: _____

Directions to Property: _____

Gate Code: _____

Type of Sample Requested:

- Bacteriological.....\$75.00
- Chemical.....\$100.00
- Nitrate.....\$70.00
- Pesticide.....\$100.00
- Volatile Organic Analysis.....\$100.00

Source of Water:

Well

Spring

Comments: _____

Signature of Applicant: _____