

Application for Water Sample

Swain County Health Department Environmental Health Services

P.O. Box 546, Bryson City, NC 28713

Date: \_\_\_\_\_ Total Payment Amount Enclosed: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home/Work/Cell Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_

Directions to Property: \_\_\_\_\_

Type of Sample Requested:

- Bacteriological.....\$45.00
- Chemical .....\$30.00
- Nitrate .....\$20.00
- Pesticide.....\$40.00
- Volatile Organic Analysis.....\$23.00

Source of Water:

Well

Spring

Comments: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_