

Assigned To: _____

Service Request for Water Samples

Date: _____

Home Phone #: _____

Work Phone#: _____

Name: _____
First Middle Last

Mailing Address: _____
Street, Box Apt # , etc.

_____ City State Zip

Property Address: _____

Directions to Property: _____

What color is your house or mobile home? _____

Is your water supply from a well, spring, public other? please specify _____

Is the sample to be taken at:

the well head (please make well head accessible) inside home other? Please specify _____

****Frost free spigots are not ideal for bacteriological water samples****

TYPE OF SAMPLE REQUESTED:

- Bacteria (\$70)
- Nitrate/Nitrite (\$70)
- Lead (\$75)
- Chemical (Inorganic) (\$113.41)
- Pesticide (\$124)
- Petroleum (\$124)
- Volatile Organic (\$124)

****When multiple draws are required for lead analysis, fee for draws after the first draw will = lab cost**

Checks may be payable to: **Caldwell County Health Department**
2345 Morganton Blvd SW
Lenoir, NC 28645

****Please have any pets tied or put up which might bite. Thank You.**