

Paid by _____

Date _____ Rec'd by _____

\$ _____



**HOKE COUNTY
Department of Public Health**

683 East Palmer Road
Raeford, North Carolina 28376



Helene Edwards, MS, RD, LDN
Health Director

(910) 875-3717
FAX (910) 875-6351

APPLICATION FOR WATER SAMPLE

Owner or Renter ONLY: _____ Home Phone: _____
Cell Phone: _____
Email address: _____

Owner/Renter's Address: _____
City: _____ State: _____ Zip: _____

Address of Occupant if different from Owner: _____

Directions to Property: _____

Type of Samples Requested: Bacteriological (\$35) _____ Inorganic (\$84): _____
Existing Well Panel (\$90): _____ Other: _____

WELL CONSTRUCTION INFORMATION

- 1) Age of Well _____.
- 2) Does the well have a concrete slab? **Yes/No**
- 3) Is the well casing extending above ground surface? **Yes/No** If so, how far? _____.
- 4) Does the well have concrete grout? **Yes/No**
- 5) Is sample being requested for real estate purposes? **Yes/No**
- 6) Is sample being requested for health reasons? **Yes/No**

- **Water samples must be requested by the Owner or Tenant of the property with a signature on the form.**
- **The well head and sampling faucet must be exposed and made accessible.**
- **Please do not chlorinate the well before sampling unless instructed to do so by the HCHD.**
- **I AUTHORIZE THE HOKE COUNTY HEALTH DEPARTMENT TO ENTER THE LISTED PROPERTY AND PERFORM THE REQUESTED SERVICES.**

Owner/Renter's signature: _____ Date: _____

This application is valid for 12 months.

**** WATER SAMPLES WILL ONLY BE COLLECTED MONDAYS – WEDNESDAYS****