



**COUNTY OF RANDOLPH**  
Health Department  
204 E Academy St - Asheboro, NC 27203

**WATER SAMPLE APPLICATION**

Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST ZIP: \_\_\_\_\_

Date: \_\_\_\_\_  
Application #: \_\_\_\_\_  
Parcel number: \_\_\_\_\_

Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST ZIP: \_\_\_\_\_

Contact: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_

**LOCATION INFORMATION:**

Address: \_\_\_\_\_  
Subdivision: \_\_\_\_\_  
Facility type: \_\_\_\_\_

Lot Number: \_\_\_\_\_

**WELL AND WATER INFORMATION:**

Well location: \_\_\_\_\_  
Faucet at well: \_\_\_\_\_

Treatment type: \_\_\_\_\_  
Location of faucet: \_\_\_\_\_

**WATER SAMPLE INFORMATION:**

Bacteriological: \_\_\_\_\_  
Inorganic chemical: \_\_\_\_\_  
Lead: \_\_\_\_\_  
Pesticide: \_\_\_\_\_  
Sulfate reducing bacteria: \_\_\_\_\_  
Other: \_\_\_\_\_

Fluoride: \_\_\_\_\_  
Iron bacteria: \_\_\_\_\_  
Nitrate/Nitrite: \_\_\_\_\_  
Petroleum: \_\_\_\_\_  
Volatile organic compound: \_\_\_\_\_  
Other specific type: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

**Total application fee:** \_\_\_\_\_

**AUTHORIZATION TO PROCEED:**

I have read this application and certify that the information provided herein is true, complete and correct. Authorized County and State officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for making the site accessible so that a water sample can be collected.

\_\_\_\_\_  
Signature of property owner/legal representative

\_\_\_\_\_  
Date

- LOCAL TELEPHONE NUMBER -  
Asheboro: (336) 318-6262 - Greensboro/Liberty: (336) 218-4262 - Archdale/Trinity: (336) 819-3262  
<http://www.co.randolph.nc.us>