



# Brunswick County Health Services

25 Courthouse Drive N.E.; Post Office Box 9  
Bolivia, North Carolina 28422-0009  
910-253-2250 1-888-428-4429



David M. Stanley III, Executive Director  
Health and Human Services Agency

Cris Harrelson, Director  
Department of Health Services

## TESTING FOR PRIVATE WATER SUPPLY (WELL)

Date of Request: \_\_\_\_\_

Tax Parcel Id# \_\_\_\_\_ Health Permit # \_\_\_\_\_

Owner/Tenant: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

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

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

Is this well your primary source for drinking water? \_\_\_ Yes \_\_\_ No If no, then what is? \_\_\_\_\_

Type of Test(s): (circle) **Bacteria (\$50)** **Chemical (\$150)** **Nitrate (\$50)** **Pesticide (\$150)** **Petroleum (\$150)**

Total Fee collected: \_\_\_\_\_ No fee due to:  Well Permit  Well Repair  M.D. Request

Owner/Tenant Signature: \_\_\_\_\_

Authorized Agent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

## TO BE COMPLETED BY ENVIRONMENTAL HEALTH SPECIALIST

Staff: \_\_\_\_\_ Date Sample(s) Collected: \_\_\_\_\_ Time: \_\_\_\_\_

Chlorine level checked in water: Yes \_\_\_\_\_ No \_\_\_\_\_

Sample Location: \_\_\_ inside kitchen tap \_\_\_ outside house tap \_\_\_ well tap \_\_\_ other (specify)

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

## LABORATORY SECTION - TEST RESULTS

Laboratory Number: \_\_\_\_\_ Date/Time In Lab: \_\_\_\_\_

Date/Time Started: \_\_\_\_\_

Date/Time Completed: \_\_\_\_\_

Total Coliform Present \_\_\_\_\_ Absent (safe) \_\_\_\_\_ Lab Technician: \_\_\_\_\_

E-Coli Coliform \_\_\_\_\_ Reviewed Results by EHS: \_\_\_\_\_

Notes: 1) Presence of either Total Coliform and/or Fecal Coliform indicates the water source is unsafe for human consumption.  
2) Call the BCHS at 910-253-2150 with any questions about your results.