



Private Well Water Testing Request
Brunswick County Health Services, Environmental Health Section
 25 Courthouse Drive NE • P. O. Box 9
 Bolivia, NC 28422
 (910)253-2150
 Email: env-health@brunswickcountync.gov

Date of Request: _____ BCHS Permit: _____

Tax Parcel Id: _____ Email: _____

Owner / Authorized Agent: _____ Phone: _____ Fax: _____

Mailing Address: _____ City: _____ Zip: _____

Property Address: _____ Subdivision: _____

Directions to Property: _____

TYPE OF TEST(S)

- Bacteria (\$50)
- Inorganic Chemical (\$150)
- Nitrate/Nitrite (\$50)
- Petroleum (\$150)
- Pesticide (\$150): Must check one of the following: Organochlorine Nitrogen-Phosphorous
 Glyphosate Herbicide

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

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

Owner/Authorized Agent Signature: _____

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: _____

	Present	Absent (safe)	
Total Coliform	<input type="checkbox"/>	<input type="checkbox"/>	Lab Technician: _____
E-Coli Coliform	<input type="checkbox"/>	<input type="checkbox"/>	

Notes: 1) Presence of either Total Coliform and/or Fecal Coliform indicates the water source is unsafe for human consumption.

2) See Health Risk Evaluation (HRE) and/or call the BCHS at 910-253-2150 with any questions about your results