

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: septicplans@brunswickcountync.gov

Date Of Request: _____ BCHS File Number: _____

Tax Parcel Id: _____ Email: _____

Owner/ Authorized Agent Name: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Property Address: _____ City: _____ State: _____ Zip: _____

Directions to Property: _____

TYPE OF TEST(S)

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

Owner/Authorized Agent Signature: _____

TO BE COMPLETED BY BRUNSWICK COUNTY ENVIRONMENTAL HEALTH STAFF

Total Fee collected: _____ No fee due to: Bacteria: In House M.D. Request

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: _____ **Lab Technician:** _____

Date/Time In Lab: _____

Date/Time Started: _____

Date/Time Completed: _____

	Present	Absent (safe)
Total Coliform:	<input type="checkbox"/>	<input type="checkbox"/>
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