

Jackson County Department of Public Health 538 Scotts Creek Road • Sylva, NC 28779

538 Scotts Creek Road • Sylva, NC 28779 Tel: 828-587-8250 • FAX: 828-586-1207 envhealth@jacksonnc.org Anna Lippard DIRECTOR

Water System Evaluation

Date Received:	PIN:	
□ RESIDENCE or □ BUSINESS:		
OWNER: Last Name	First Name	Phone
REQUESTEE: Last Name	First Name	
Sample (s) Requested: ☐ Well Head Final ☐ Nitrate □ Nitrite	□ Full Panel □ Chemical □ Ba e □ VOC □ Other	
Sample Site Address:	Mailing Address (if different)	
Gate Code:	How do you want to	receive the results?
Email Address:	 Mailed to mailing address Mailed to sample address E-mailed Pick-up at office 	
Directions:		
Is this a Shared Well System?	🗆 No 🗆 Unknown	
	For Health Depar	rtment Use Only
	Amount Paid: \$Re	ceipt#:
	Processed by:	
	Sample (s) Requested: W	WHF FULL-PANEL

CH BA PEST NITRATE NITRITE OTHER

SYSTEM CONSTRUCTION AND PROTECTIO	PIN		
Perm	it #		
Wellhead Inspected? \Box YES \Box NO			
Casing 12" Above Ground Casing 6"–12	Chlorine:		
Landscaped to Prevent Flooding Groute	d at Land Surface		
Sample Tap Hose Bibb	Screened Vent		
Openings sealed Sanitary Well Seal	Valved Flow:		
Samples Collected: BA, CH, FULL PANEL, PEST,		IER	
Bacteriological Sampling Information	Lab Resu	ılts	
Date Collected:	() Total Coliform & E.	Coli Absent	
Time Collected:	() Total Coliform Preser	nt	
Sampling point:	() E. Coli Present		
Collected By:	Method Code: ()312 ()316		
Date Analysis Began:	MPN Total:		
Time Analysis Began: MPN E. Coli:			
Date Completed:			
Time Completed:			
Certified By:			
Resample Bacteriological Sampling Information	Resample Lab	Results	
Date Collected:	() Total Coliform & E. (
Time Collected:	() Total Coliform Present		
Sampling Point:	() E. Coli Present		
Collected By:	Method Code: ()312 ()316		
Date Analysis Began:	MPN Total:		
Time Analysis Began:	MPN E. Coli:		
Date Completed:			
Time Completed:			
Certified By:			
Service Comments		Date Initials	

Service	Comments	Date	Initials