



Jackson County Department of Public Health

538 Scotts Creek Road • Sylva, NC 28779

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Anna Lippard

DIRECTOR

Water System Evaluation

Date Received: _____

PIN: _____ - _____ - _____

RESIDENCE or BUSINESS: _____

OWNER: Last Name First Name Phone

REQUESTEE: Last Name First Name Phone

Sample (s) Requested: Well Head Final Full Panel Chemical Bacteria Pesticide
 Nitrate Nitrite 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? Yes No Unknown

Is the well located on your property? Yes No

For Health Department Use Only

Amount Paid: \$ _____ Receipt#: _____

Processed by: _____

Sample (s) Requested: WHF FULL-PANEL
CH BA PEST NITRATE NITRITE OTHER

SYSTEM CONSTRUCTION AND PROTECTION

PIN _____ - _____ - _____

Permit # _____

Wellhead Inspected? YES NO

Casing 12" Above Ground _____ Casing 6"-12" _____ Chlorine: _____

Landscaped to Prevent Flooding _____ Grouted at Land Surface _____

Sample Tap _____ Hose Bibb _____ Screened Vent _____

Openings sealed _____ Sanitary Well Seal _____ Valved Flow: _____

Samples Collected: BA, CH, FULL PANEL, PEST, NITRATE, NITRITE, OTHER

New Well **Resample** **Annual** **Rush** **MPN**

| Bacteriological Sampling Information |
|---|
| Date Collected: |
| Time Collected: |
| Sampling point: |
| Collected By: |
| Date Analysis Began: |
| Time Analysis Began: |
| Date Completed: |
| Time Completed: |
| Certified By: |

| Lab Results |
|-------------------------------------|
| () Total Coliform & E. Coli Absent |
| () Total Coliform Present |
| () E. Coli Present |
| Method Code: ()312 ()316 |
| MPN Total: |
| MPN E. Coli: |
| |
| |

| Resample Bacteriological Sampling Information |
|--|
| Date Collected: |
| Time Collected: |
| Sampling Point: |
| Collected By: |
| Date Analysis Began: |
| Time Analysis Began: |
| Date Completed: |
| Time Completed: |
| Certified By: |

| Resample Lab Results |
|-------------------------------------|
| () Total Coliform & E. Coli Absent |
| () Total Coliform Present |
| () E. Coli Present |
| Method Code: ()312 ()316 |
| MPN Total: |
| MPN E. Coli: |
| |
| |

| Service | Comments | Date | Initials |
|----------------|-----------------|-------------|-----------------|
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