ROCKINGHAM COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
GOVERNMENTAL CENTER – Post Office Box 204
Wentworth, North Carolina 27375-0204
(336)342-8180

REQUEST FOR WATER SAMPLE AND WELL INSPECTION

PROPERTY ID (PIN)# _____ **DATE** _____
(The property ID NUMBER is required before samples can be collected. You can get this number from the Tax Department if you do not already know it.

TYPE OF WATER SAMPLE (Please Check): There is a fee per sample.
☐ BACTERIA ☐ INORGANIC CHEMICAL ☐ PESTICIDE ☐ PETROLEUM **TOTAL FEE $** _____
☐ NITRATE/NITRITE ☐ FLOURIDE ☐ WATER PANEL KIT

TYPE OF RESIDENCE (Please Check):
☐ HOUSE ☐ MANUFACUTRED HOME ☐ MANUFACTURED HOME PARK ☐ MIGRANT ☐ OTHER

YOUR NAME _____ PHONE _____
LAST FIRST MIDDLE

ADDRESS _____

CITY _____ **ZIP CODE** _____

SUBDIVISION/MANUFACUTRED HOME PARK _____ **SEC** _____ **LOT #** _____

DIRECTIONS TO RESIDENCE _____

_____

_____

RESULTS TO BE SUBMITTED TO:

NAME _____
LAST FIRST MIDDLE

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

WHO CURRENTLY OWNS THE PROPERTY?

NAME _____
LAST FIRST MIDDLE

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

WHY ARE YOU REQUESTING THIS SAMPLE (*ex: water tastes like…., water looks like …., etc*)? _____

_____

_____

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OFFICE USE ONLY

WELL INSPECTION CHECKLIST

DEPTH _____ WELL TYPE _____

CHECK DEFICIENT ITEMS:
☐ SANITARY WELL SEAL INSTALLED – SCREENED AIR VENT WHERE REQUIRED, ELECTRICAL CONDUIT, GROMMET.
☐ CASING EXTENDING 6" OR MORE ABOVE SLAB OR FLOOR
☐ ANNULAR SPACE PROPERLY GROUTED TO REQUIRED DEPTH (*normally 20 ft)*
☐ SLOPED AND PROPERLY DRAINED LAND SURFACE
☐ IF WELL HOUSE PROVIDED, NOT USED FOR STORAGE OF SUPPLIES AND EQUIPMENT
☐ WELL PROPER DISTANCES FROM SOURCES OF CONTAMINATION
☐ CASING INSTALLED WITH BELL END DOWN ON BORED WELL
☐ SEWAGE SYSTEM APPEARS TO FUNCTION PROPERLY

COMMENTS _____
WATER SAMPLE RESULTS _____ DATE REQUEST RECEIVED _____
DATE SERVICES PERFORMED _____ EHS ASSIGNED _____