APPLICATION # _____

Moore County Health Department
Environmental Health Section
PO Box 279, Carthage, NC 28327
Phone (910) 947-6283
Fax (910) 947-5127

APPLICATION FOR WELL INSPECTION/WATER ANALYSIS

Application must be completed and fees paid prior to visit.

Receipt #: _____ Parcel ID/LRK #: _____

Owner: _____ Home Phone #: _____

Mailing Address: _____ Cell #: _____

_____ Email: _____

Representative: _____ Cell #: _____

Exact directions to property (911 address, if available): _____

Service Requested:

1. Private Well Inspection (Required) . . . . . $25.00 _____
   Note: Well must meet NC State Well Construction Standards
   a. Bacteriological Analysis . . . . . $50.00 _____
   b. Inorganic Chemical Analysis . . . . . $125.00 _____
   (pH, Alkalinity, Hardness, Arsenic, Lead, Iron, Manganese, Copper, Zinc, Calcium, Magnesium, Chloride, and Fluoride)
   c. Pesticide . . . . . $125.00 _____
   d. Petroleum . . . . . $125.00 _____
   e. Nitrate/nitrite . . . . . $50.00 _____
   f. Other . . . . . Cost of Sample Kit _____

Comments: _____

_____

_____

Date: _____

Signature: _____
(Owner or Representative)

* All fees are non-refundable after ninety (90) days or after visit to the property has been made.
* Incomplete applications shall be returned to the applicant.