

# SCOTLAND COUNTY HEALTH DEPARTMENT

## Application for Water Analysis

### Service Fees

#### Existing Wells

Bacteriological Sample...\$50.00 \_\_\_\_\_  
Nitrate Sample.....\$50.00 \_\_\_\_\_  
Pesticide Sample.....\$90.00 \_\_\_\_\_  
Inorganic Sample.....\$100.00 \_\_\_\_\_  
Petroleum Sample.....\$85.00 \_\_\_\_\_

#### New Well Follow Up

New Well Sample Kit.....\$85.00 \_\_\_\_\_  
Nitrate & Inorganic..... \$135.00 \_\_\_\_\_  
Microbiology.....\$65.00 \_\_\_\_\_  
Nitrate-Nitrite.....\$60.00 \_\_\_\_\_  
Inorganic.....\$125.00 \_\_\_\_\_

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### Applicant Information

_____	_____	_____
Applicant	Address	Phone #
_____	_____	_____
Owner	Address	Phone #

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### Property Information

\_\_\_\_\_

Street Address

Directions to Site:

\_\_\_\_\_

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### Water Source

New Well \_\_\_\_\_ Existing Well \_\_\_\_\_ Public Supply \_\_\_\_\_ Community Well \_\_\_\_\_

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I have read this application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Authorized county and state officials are granted right of entry to conduct necessary inspections and collect water samples for analysis. I understand that I am solely responsible for making the site accessible so that the proper sample can be collected.

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Property Owner's or Owner's Legal Representative Signature (required) \_\_\_\_\_ Date \_\_\_\_\_