

Swain County Health Department  
545 Center Street  
Bryson City, NC 28713  
Phone: (828) 488-3198

Application for Water Sample

Date: \_\_\_\_\_ Total Payment Amount Enclosed: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home/Work/Cell Phone: \_\_\_\_\_

Directions to Property: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Type of Sample Requested:

- Bacteriological .....\$45.00
- Chemical.....\$30.00
- Nitrate.....\$20.00
- Pesticide.....\$40.00
- Volatile Organic Analysis.....\$23.00

Source of Water:

Well

Spring

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_