



DUPLIN COUNTY HEALTH DEPARTMENT
P.O. BOX 948 KENANSVILLE, NC 28349

PERMIT # _____

APPLICATION FOR WELL WATER TESTING

NAME _____
ADDRESS _____
PHONE _____
EMAIL _____

LAND OWNER _____
ADDRESS _____

SUBDIVISION _____ LOT# _____ LOT SIZE _____

DIRECTIONS _____

RESIDENTIAL: HOUSE MOBILE HOME

WATER SAMPLE REQUESTED:

- COLIFORM (BACTERIA) 55.00
- CHEMICAL 55.00
- FULL PANEL (COLIFORM-NITRATE-INORGANIC) 110.00
- PESTICIDE 110.00
- PETROLEUM 110.00

*I am the owner or authorized agent for the above-listed address. I have fully read this application and it is true and accurate. I hereby authorize Duplin County and State employees/officials the right to enter the address above written in order to conduct the inspections or that I have now or may in the future have as it relates to the inspection/investigation authorized herein. I also acknowledge that I am solely responsible for ensuring that all property lines have been properly located and marked. If the information in the application for an improvements permit is falsified, changed, or the site is altered then the improvements permit & authorization to construct shall become invalid.

OWNER/AGENT SIGNATURE _____

TOTAL AMOUNT PAID _____ CASH CHECK CREDIT CARD OTHER

RECEIVED BY _____