



**COUNTY OF RANDOLPH**  
Health Department  
204 E Academy St - Asheboro, NC 27203

**WATER SAMPLE APPLICATION**

Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST ZIP \_\_\_\_\_

Date: \_\_\_\_\_  
Application #: \_\_\_\_\_  
Parcel number: \_\_\_\_\_

Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST ZIP \_\_\_\_\_

Contact name: \_\_\_\_\_  
Contact phone: \_\_\_\_\_  
Contact e-mail: \_\_\_\_\_

**LOCATION INFORMATION:**

Location: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot number: \_\_\_\_\_

**WELL AND WATER INFORMATION:**

Facility Type: \_\_\_\_\_  
Well Type: \_\_\_\_\_  
Well Location: \_\_\_\_\_  
Faucet at well: \_\_\_\_\_

If No, Specify Location: \_\_\_\_\_  
Water Treatment System Present: \_\_\_\_\_  
Treatment Type: \_\_\_\_\_

**WATER SAMPLE INFORMATION:**

Type of water sample needed: \_\_\_\_\_  
Additional water sample needed: \_\_\_\_\_  
Additional water sample needed: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION TO PROCEED:**

I have read this application and certify that the information provided herein is true, complete and correct. Authorized County and State officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for making the site accessible so that a water sample can be collected.

\_\_\_\_\_  
Signature of property owner/legal representative

\_\_\_\_\_  
Date

LOCAL TELEPHONE NUMBERS  
Asheboro: (336) 318-6262 • Archdale/Trinity: (336) 819-3262  
<http://www.randolphcountync.gov>