



ANSON COUNTY HEALTH DEPARTMENT

POST OFFICE BOX 473

WADESBORO, NORTH CAROLINA 28170



**Public Health**  
Prevent. Promote. Protect.

**Water Sample Request**

Initial Sample	Re-sample	New Well	Existing Well
<b>Owner Information:</b>		<b>Site Information:</b>	
Name: _____		Road Name: _____	
Address: _____ _____		Subdivision: _____	
Phone: _____		Lot #: _____	
<b>Type of Water Sample Requested:</b> Bacteriological (\$50.00) ___ Inorganic (\$50.00) ___ Nitrate (\$75.00) ___ Petroleum/Pesticide (\$100.00) ___ Well installation (\$250.00) ___ Lead (\$45.00) ___		<b>Type of facility:</b> House: ___ Mobile Home: ___ Restaurant: ___ Church: ___ Business Type: ___ Other: _____	
Direction to Site: _____ _____ _____		Description of House: _____ _____ _____	
Has well been chlorinated? Yes ___ Date chlorinated _____ No ___		Is there permanent treatment to well? Yes ___ Type _____ No ___	
Is there an accessible tap at well? Yes ___ No ___ Where should sample be taken? _____		Is there power to the property/well? Yes ___ No ___	
<b>Applicant Information: (if different from owner)</b> Name: _____ Phone: _____		Amount Paid: _____ Signature: _____ Dated signed: _____	

By signing, permission is granted to Anson County Health Department to access property stated above for the purpose of sampling the water at the site indicated.

## ANSON COUNTY ENVIRONMENTAL HEALTH SITE PLAN WORKSHEET

Place an x beside each item that has been included on your site plan; incomplete site plans will be returned to you for completion. **Your property WILL NOT be scheduled for an evaluation until we have received a completed application, site plan, legal description (deed, surveyor's plat, etc.), and all proposed items are marked on the property.**

- The dimension of the property
- The location of all proposed structure (mobile home, house, business, outbuilding, pool, etc.). Show dimensions of the structures, and show distances from the road and/or property lines to the structures. If you are not sure of the structure size, show the dimensions of the Maximum area of the lot that the structure may cover
- The preferred sewage system location
- The preferred driveway location
- The (Preferred well location (50' from the house, 100' from sewage, 10' from property line) or municipal water
- A north arrow or other directional indicator
- N/A  The location of any existing sewage systems and wells on your property, and adjoining property within 100' of the property line. If there are none circle N/A
- N/A  The location of any easements or rights of way on the property. If there are none circle N/A
- N/A  The location of any designated wetlands on the property. If there are none circle N/A

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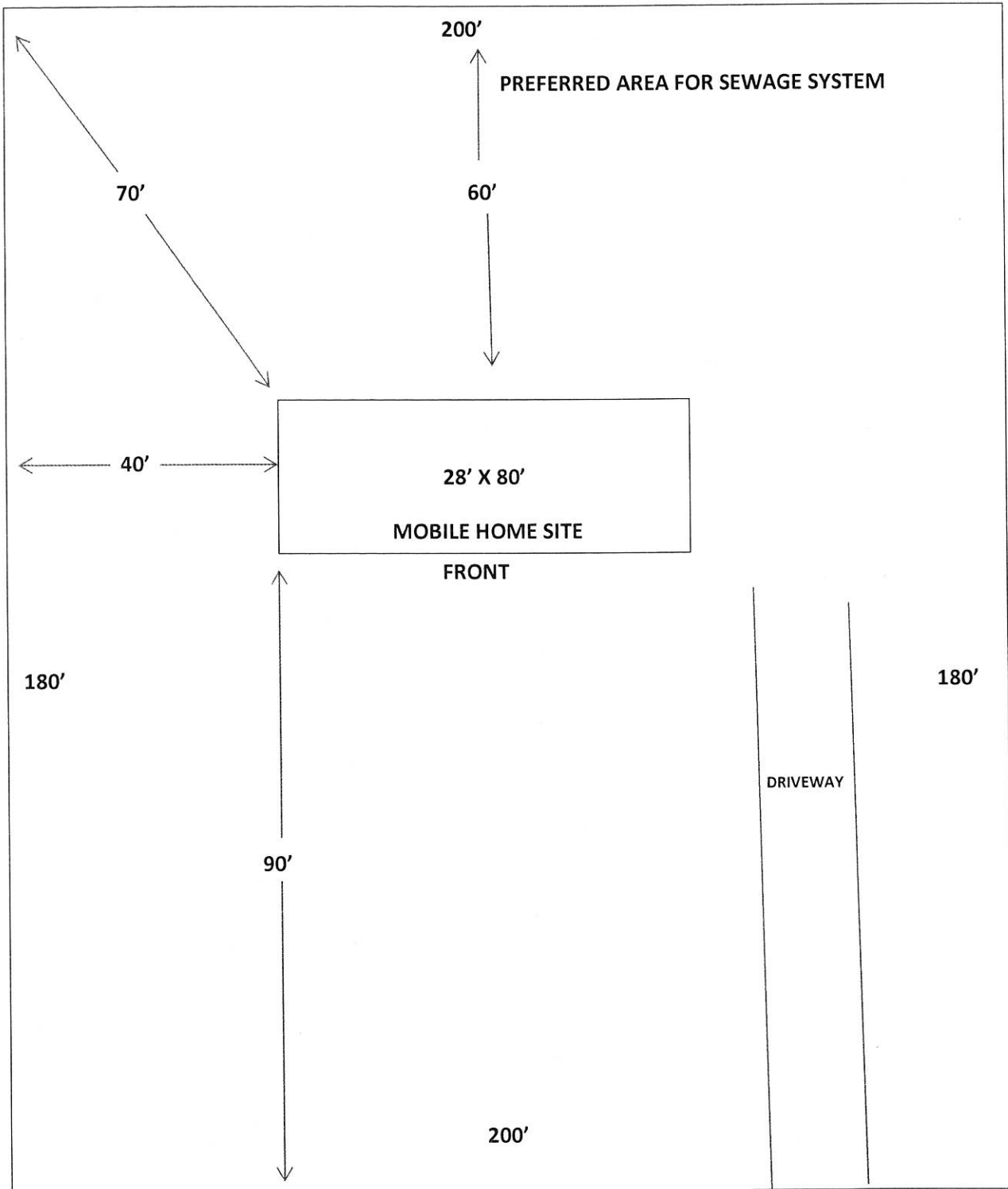
### USE THE SPACE BELOW TO DRAW YOUR SITE PLAN

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I understand that if the site plan/system location as marked in the field is different from the site plan filed with this application, I will accept the requirements of the Health Department.

Owner/Legal Representative signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SAMPLE SITE PLAN



SR2018