



Public Health



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SCANNED



Public Health

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ENVIRONMENTAL HEALTH DIVISION

BACTERIOLOGICAL WATER SAMPLE ANALYSIS REPORT

NAME CHRISTINE JONES

MAILING ADDRESS 7815 FARRINGTON MILL RD. CHAPEL HILL NC

EMAIL ADDRESS _____

LOCATION same ZIP: _____ 27517

TELEPHONE NUMBER 919-918-7062

NEW WELL ___ EXISTING WELL

SAMPLE TAKEN FROM: HOUSE TAP WELL HEAD ___ OTHER ___

WELL LOCATION: ABOVE GRADE BELOW GRADE ___

COMMENTS WELL HEAD LOOSED CORRODED, TAP FULL OF MUD

COLLECTED BY NANCY WOOD REHS 2308

DATE/TIME 3/1/15 1:45pm

DELIVERED TO LAB @ 3/1/15 3:30P

BACTERIAL COLIFORM TEST BY COLILERT METHOD

RESULTS: TOTAL BACTERIA: Negative ___ Positive

E. COLI: Negative Positive ___

SAMPLE REPORTED BY: M DATE: 3-3-15

Durham County Health Department does not recommend using water for human consumption from any well containing bacteria.

pd
\$50.00



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RECEIVED
FEB 23 2015
BY: C26

Water Analysis Application

Name: Christine G. Jones Owner Tenant

Mailing Address: 7815 ~~7115~~ FARRINGTON RD Chapel Hill, NC 27517
Mill

Telephone Number: 919 9187062 Email: _____

Address to be SAMPLED: _____

Type of Test	Tests for	Cost	Check box that applies
Bacteriological	coliform and E-coli	\$50	<input checked="" type="checkbox"/>
Inorganic	metals, pH and water hardness	\$50	<input type="checkbox"/>
Nitrate/Nitrite Specific Inorganic	Nitrate and Nitrite only	\$50	<input type="checkbox"/>
Pesticide	traces of pesticide ingredients	\$70	<input type="checkbox"/>
Petroleum	traces of petroleum ingredients	\$70	<input type="checkbox"/>

Total

*Are you experiencing any problems with your well water? NO

*Does your well head extend above ground? YES NO

*How many wells are on this property? 1

*Does your water supply have ANY type of treatment system? YES NO

If so, please describe: _____

*Where would you prefer the sample be taken? (DCoDPH prefers to obtain the sample from a spigot at the wellhead if this can be arranged) Inside or Outside House

*Has this well been sampled previously for any reason? YES NO

If yes, who sampled the well and what were the results? _____

*Signature of the Owner or Authorized Agent allows this Department access to the property to collect the requested water sample.

Date: 02-23-55 Owner/Authorized Agent: Christine Jones

**Completed applications may be mailed, faxed or emailed: healthinspector@dconc.gov