



MECKLENBURG COUNTY HEALTH DEPARTMENT

WELL SAMPLING REQUEST FORM for REAL ESTATE TRANSACTIONS

Instructions:

- Please complete all sections of this form and submit with payment to: Mecklenburg County Health Department (MCHD) 700 N. Tryon Street, Suite 211 Charlotte, NC 28202 Hal Marshall Building, 8 AM to 5 PM (Monday-Friday)
Make checks payable to the Mecklenburg County Health Department. Do not mail CASH payment.
No services will be conducted prior to payment being received in our office.
Please allow 2-weeks to receive results for bacteriological well samples for Conventional & VA type loans.
Please allow 3-weeks to receive well sampling results for FHA type loans.
For additional information please call (704) 336-5103.

Tax Parcel Number of property to be sampled: (Please visit http://maps2.co.mecklenburg.nc.us/website/realestate/viewer.htm to obtain the Tax Parcel Number)

Address of property to be serviced:

Address where results are to be mailed:

Name of requesting person:

Daytime phone number:

Daytime fax number:

E-mail address:

Closing date (If applicable):

Is the property currently OCCUPIED? Yes No

If VACANT, how long has the property been unoccupied? Weeks Months N/A

Are there dogs at the property? Yes No (*If dogs are present they must be restrained at the time of sampling.)

Loan Type: Conventional VA FHA

Fee Schedule: Conventional & VA Loan Well Sampling: \$85.00 / FHA Loan Well Sampling: \$135.00

The undersigned, owner, or legal agent for the owner, of the property described above has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Signature of Authorized Person

Date