# Cleveland County Environmental Health

200 South Post Road, Shelby, NC 28152 (980) 484-5130 Fax (980) 484-5135
www.clevelandcounty.com/cchd/environmental-health

## Water Sample Application

Name:_____
Location Address:_____
Mailing Address:_____
Telephone (home):_____
Telephone(cell/work):_____

Directions to property (ie. Highway 74 west, turn right highway 226 north, turn right Grover Street, property on left at intersection of Grover and Dekalb):

_____

_____

**Reasons for water samples:** (please circle)

Customer request Doctors Request
*No charge with Doctors note requesting a specific type of sample

**Please circle which type of sample(s)**

| | |
|---|---|
| Bacterial Water Sample | $50.00 |
| Inorganic Chemical | $90.00 |
| Nitrate: | $90.00 |
| Petroleum: | $100.00 |
| Pesticide: | $100.00 |
| VOA: | $100.00 |

Complete application, *Right of Entry Form, and return **with payment**:
**In Person:**
Cleveland County Administration Building, Environmental Health/ Building Inspections Permits Office at 311 E. Marion Street, Shelby, NC 28150.

**By mail:**
Cleveland County Health Department, Environmental Health, 200 South Post Road
Shelby, NC 28152.
**Make check or money order payable to the Cleveland County Health Department**. If you have any questions, please contact the Environmental Health Office at 980-484-5130.

*Right of Entry form attached to application. Water Samples for loan closings will not be accepted.

CLEVELAND COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH

NORTH CAROLINA

CLEVELAND COUNTY

RIGHT OF ENTRY AGREEMENT

THIS AGREEMENT made this_____ day of _____, 20_____, between_____, herein called Landowner and the Cleveland County Health Department, herein called Health Department.

In consideration of the mutual promises herein contained, the parties agree as follow:

I

The Landowner of record authorizes the Health Department and its authorized representatives to enter upon the promises located at _____, Cleveland County, North Carolina for the purpose of making the requested evaluations and/or inspections.

II

The premises may be entered by the Health Department for the purposes of conducting the above-mentioned evaluations and for incidental purpose related thereto during the period beginning the day of the Agreement and continuing until sixty (60) days after this Agreement.

III

The Landowner agrees to release and hold harmless the Health Department and its representatives from any liability arising from any such entry, evaluation, or inspection. The Landowner further agrees to indemnify the Health Department and its representatives from any liability arising out of the above-described activities.

_____
(Landowner Signature)

_____
(Cleveland County Representative)

Report To: _____
(Name)

_____
(Address)

_____
(Telephone)

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