

Wake County
Request for Well Water Testing Fee Reduction
Complete BOTH SIDES of this form. The other side of this form must be notarized.

1. Name of individual requesting well water testing (primary contact): _____
2. Phone number of primary contact: _____
3. Email address of primary contact: _____
4. Property owner (if different from #1 above): _____
5. ____ (initial) I understand that all well water test results may be provided to the property owner and are a public record.
6. Address of property where well is located:

7. Mailing address (if different from #6 above):

Wake County recommends a package of tests that includes Coliform Bacteria, Inorganics, Volatile Organic Compounds, Pesticides, Gross Alpha & Gross Beta radioactivity, Uranium, and Radon in water.

While funds are available, testing fees will be covered by the county's Well & Septic Assistance Pilot Fund.

8. Please describe any fences, locks, animals, or other considerations that may prevent access to the well for sampling:

I certify by my signature below that I am i) the lawful occupant of this property, ii) requesting the collection and analysis of the well water samples described on this form, and iii) solely responsible for ensuring site accessibility. I authorize Wake County representatives to enter the site listed above for the purpose of collecting requested water samples.

Signed: _____ Date: _____

Mail this completed form to:
Wake County Environmental Services
Well Testing
P.O. Box 550
Raleigh NC, 27602

FOR OFFICE USE ONLY:

Date Received: _____

WS# created: _____

Discount: 50% 80%

Revised February 9, 2024

WAKE COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES
AFFIDAVIT IN THE MATTER OF: Well Water Testing – Eligibility for Income-Based Fee Reduction

_____, being duly sworn, hereby deposes and says:
(Applicant Name)

1. I am/We are the occupant and/or owner of property generally referred to as _____, in
Wake County. (Address, City/Town)

2. I am the (initial one): ___Owner ___Renter ___If other, specify: _____

3. I am/We are applying for reduction of fees for testing of the well water at the above-referenced property.

4. I/We hereby certify, under the pains and penalties of perjury, that my/our household gross income for calendar year **2024** is
(initial one):

_____ not greater than 250% of the current federal poverty guidelines determined by the US Department of Health and Human
Services, as listed below.

_____ less than the current federal poverty guidelines determined by the US Department of Health and Human Services, as listed
below.

2024 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Household Size (Number of Persons)	Federal Poverty Guideline	250% of Federal Poverty Guideline
1	\$15,060	\$37,650
2	\$20,440	\$51,100
3	\$25,820	\$64,550
4	\$31,200	\$78,000
5	\$36,580	\$91,450
6	\$41,960	\$104,900
7	\$47,340	\$118,350
8	\$52,720	\$131,800
9	\$58,100	\$145,250
10	\$63,480	\$158,700
11	\$68,860	\$172,150
12	\$74,240	\$185,600

5. I understand that I am applying for a reduction in well testing fees, and that this qualification process does not serve as
qualification for any other assistance programs. I understand that Wake County may require proof of household income to verify my
eligibility.

6. I understand that if I have misrepresented any information on this statement, the full cost of testing must be returned to Wake
County and if not returned shall be a collectible debt.

Affiant further saith not.

Signature and Printed Name

Date

Sworn to and subscribed before me

this _____ day of _____, 2024.

Notary Public

My commission expires: _____