

SW-253
Rev 8/04

DB 40
West Virginia Department of Health and Human Resources
Health Department



REQUEST FOR WATER ANALYSIS

Phone: _____ Date: _____

Owner: _____ Address: _____

Tenant: _____ Address: _____

(Place asterisk (*) before name of person requesting sample).

Location of Supply: _____

(Be specific - Route No., approximate distance from landmark, etc.)

Type of Supply: Drilled Well Hand Dug Well Spring Other _____

Well Supply: Depth: _____ ft. Depth Cased: _____ ft. Year Drilled: _____

Platform or Well Top Construction: Closed Concrete Open* Wood*

Spring or Cistern Supply: (Describe construction and materials) _____

(Concrete, tile, wood, type of cover, etc.)

Number of Years Supply Has Been In Use: _____

How is Water Drawn: Bailer* Collected at Overflow Dipped*
 Electric Pump Gravity Flow Hand Pump Rope and Bucket*

Possible Sources of Pollution:

Does supply become muddy or cloudy after heavy rains? Yes No

*Can surface water enter? Yes No

Distance to Privy: _____ ft. Sewer Line: _____ ft. Septic Tank or Cesspool: _____ ft.

*If answer is yes to any item so marked a sample cannot be taken. (Send letter & literature).

For Health Department Use Only

Supply Inspected: Yes No Date: _____

Sampled: Yes No Date: _____

Sample: Safe Unsafe

Home Water Supply Information: Mailed Given

Final Disposition: _____

Resubmit - \$25.00