



West Virginia Department of Health and Human Resources
Monongalia County Health Department



REQUEST FOR WATER ANALYSIS

SW-253 Rev 8/04

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: _____