

West Virginia Department of Health and Human Resources  
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: \_\_\_\_\_