WEST VIRGINIA Department	tof
Heal	lth &
H	luman

EW-79C Water Hauler – Quarterly Log rev 8/2010 Registration Number: ______

● Date of Pick-up ●Time of Pick-up	Property Owner Address (delivery location)	VolumeDelivered(Gallons)Driver	Reason	Source of Water Point of Withdrawal/Access Point	 Date of Delivery Time of Delivery Total Chlorine Residual
	Owner: Address: City: State: Zip code:	Volume (Gallons): Driver:			
	Owner: Address: City: State: Zip code:	Volume (Gallons): Driver:			
	Owner: Address: City: State: Zip code:	Volume (Gallons): Driver:			
	Owner: Address: City: State: Zip code:	Volume (Gallons): Driver:			