



**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: \_\_\_\_\_