

Pendleton County Health Department
P. O. Box 520 273 Mill Road
Franklin, WV 26807
304-358-7565

Request for Bacteria Water Sample

Date: _____

Person Requesting Sample: _____

Address: _____

Telephone: _____ Cell Phone: _____

Directions to Property (Be Specific – road name & house number, distances, land marks, etc.)

Type of Supply: () Drilled Well () Dug Well () Spring () Other

Year Well Drilled: _____

Distances Supply From:

Septic Tank _____ Ft.

Drain Field _____ Ft.

Privy _____ Ft.

Do you have an outside faucet? () yes () no

Do you have an outside dog: () yes () no

If you have an outside dog, is it tied? () yes () no

A fee of \$40.00 * must be paid when request is returned.

*Plus mileage which will be billed to you by Pendleton County Health Department.

The laboratory in Charleston will also bill you \$20.00 for analyzing the sample.

HEALTH DEPARTMENT USE ONLY

Date Received: _____

Date Sampled: _____

Results: _____

Sampled () yes () no Sanitarian: _____