

# Request for Bacteria Water Sample

Date: \_\_\_\_\_

Person Requesting Sample: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Directions to Property (Be specific – route number, box number, road name, distances, land marks, etc.)

\_\_\_\_\_  
\_\_\_\_\_

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

Year Well Drilled \_\_\_\_\_

Distances Water Supply From:

Septic Tank \_\_\_\_\_ Ft. Do you have an outside water faucet? ( ) Yes ( ) No

Drain Field \_\_\_\_\_ Ft. Do you have an outside dog? ( ) Yes ( ) No

Privy \_\_\_\_\_ Ft. If you have an outside dog, is it tied? ( ) Yes ( ) No

A fee of **\$40.00\*** must be paid when the request is **returned**. Please make checks payable to: PCHD

Please mail this completed form and the fee to:

Pendleton County Health Department  
P.O. Box 520  
Franklin, WV 26807  
Phone: (304) 358-7565

**\*Also, mileage to and from this property will be billed to you from the Pendleton County Health Department separately. You will receive this bill in the mail after the sample is obtained by the sanitarian.**

The laboratory in Charleston will also bill you an additional \$23.00 for analyzing the sample.

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## HEALTH DEPARTMENT USE ONLY

Date Received: \_\_\_\_\_

Sampled ( ) yes ( ) no

Date Sampled: \_\_\_\_\_

Results: \_\_\_\_\_

Sanitarian: \_\_\_\_\_