

**GREENBRIER COUNTY HEALTH DEPARTMENT**

9109 Seneca Trail South Ronceverte, WV 24970

Environmental Health, 304-645-1539

**REQUEST FOR WATER ANALYSIS****PERSONAL REQUEST? YES NO****DOCTOR'S REQUEST? YES NO**

(We need a prescription from your doctor)

HOME LOAN? YES NO

If yes, you need to fill out a SG-55 Home Loan Evaluation Application

HAVE YOU RECENTLY DISINFECTED YOUR WELL? YES NO

***** The Sanitarian cannot collect your water sample if there is chlorine in the water supply, unless it is connected to a hypochlorinator. The party requesting the sample will be charged \$40.00 an hour + mileage rate for any unnecessary trips. *****

Date: _____

Owner: _____ Mailing Address: _____

Tenant: _____ Mailing Address: _____

Contact person: _____ Phone: _____ Cell: _____

Address of Supply: _____

Directions to Property for Supply: _____

(Be specific - Route No., approximate distance from landmark, etc.)

Type of Supply: (____) Drilled Well (____) Hand Dug Well (____) Spring (____) Other _____

GREENBRIER COUNTY Water Sample fee, due now ____\$25.00**CHARLESTON LAB FEE-You will be billed directly from them by US Mail ____\$20.00****For Health Department Use Only**

Date collected: _____ Laboratory # _____ Sanitarian _____

Total Coliforms---Present (____) or Absent (____) **E Coli**---Present (____) or Absent (____)

Home Water Supply Information: Called (____), Left Message (____), Mailed (____), Given (____)