

PR# _____
(For SCDHS use only)

REQUEST FOR PRIVATE WELL WATER ANALYSIS

Date Rec'd. by SCDHS _____

RETURN TO: SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
BUREAU OF DRINKING WATER
360 YAPHANK AVENUE, SUITE 1C, YAPHANK, NY 11980
PHONE: (631) 852-5810

Fee Enclosed:
\$100 _____
(C.O.) \$350 _____
Exempt _____

PLEASE PRINT CLEARLY OR TYPE ABOVE THE LINE

OWNER _____ TENANT _____
RESIDENT'S MAILING ADDRESS _____
OWNER'S ADDRESS _____
Health Services Ref. No.: _____
(New construction/Certificate of Occupancy (C.O.) only)
M.D. Request Enclosed Yes _____ No _____
Reason for Request: Rusty _____ Odor _____
Off-taste _____ Blue Staining _____ Gen'l. concern _____
New Construction _____ Other _____
Is your name or house number visible from the street? Yes _____ No _____
Is an outside tap (hose bib) available for sampling? No _____ Yes _____ Located _____
Are there any infants less than one year old or pregnant women in your house? Yes _____ No _____
Is the request for an aldicarb (Temik) pesticide test only? Yes _____ No _____
Do you have a Temik filter? Yes _____ No _____
If yes, date last sampled by Health Dept.: _____
Filter No.: _____
Signature of resident or owner _____
DIRECTIONS/MAP TO YOUR HOME
(Use other side if necessary)
Nearest cross street: _____
Directions and/or map: _____

LAST NAME _____
FIRST NAME _____
HOUSE OR BOX NUMBER _____
STREET NAME _____
VILLAGE _____ ZIP CODE _____
HOME PHONE # _____ BUSINESS PHONE # _____
TAX MAP NUMBER – From your tax bill
District _____
Section _____
Block No. _____
Lot No. _____
WELL DEPTH (IF KNOWN) _____ DEPTH TO WATER (IF KNOWN) _____
AGE OF WELL (IF KNOWN) _____ WELL CASING DIAMETER _____
SPECIFY TYPE OF WATER FILTER INSTALLED, IF ANY _____

Please check all appropriate water treatment boxes:

- Carbon
- Iron and/or manganese removal/treatment
- Reverse osmosis (nitrates)
- Cartridge/sediment filter
- pH Control
- None

Well Installed by (if known): _____

Date installed (if known): _____