VERMONT
DEPARTMENT OF HEALTH

Village Drinking Water/Wastewater Project

Free Drinking Water Testing Request Form

Please fill out the following information and mail this form to the address below.

Today's date:_____

First and Last Name: _____

Phone Number: _____ Email Address: _____

Physical Address of Property Being Tested

Street _____

Town _____ State _____ Zip code _____

Mailing Address (if different than physical address)

Street _____

Town _____ State _____ Zip code _____

My drinking water comes from *(please check one option below):*

☐ a dug well ☐ a drilled well ☐ a spring ☐ I do not know

Well tag Identification Number (if applicable):_____

Well depth (if known)?: _____

Do you treat your water? If so, how? (Examples include RO, softener, UV, particle filter, other?)

_____

What is the distance between your well/spring and the nearest leachfield or mound system? _____

What is the distance between your well/spring and the nearest septic tank?

_____

When was the last time your septic tank was pumped?

_____