



West Virginia Department of Health & Human Resources  
 Bureau For Public Health  
**OFFICE OF LABORATORY SERVICES**  
 167 – 11<sup>th</sup> Avenue  
 South Charleston, WV 25303  
 Sample Container Department: (304) 558-3530, Ext. 2204  
 Fax: (304) 558-2006

**BOTTLE REQUISITION FORM  
 FOR  
 DRINKING WATER MICROBIOLOGICAL ANALYSIS**

P.W.S. I.D. #: \_\_\_\_\_ (Required for All Public Water Systems)

Name: \_\_\_\_\_

**Shipping Address** (Please provide a United Parcel Service Delivery Address, No P.O. Boxes, when requesting 3 or more Bottles):

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mailing Address** (Please provide a mailing address for the U.S. Postal Service when requesting only 1 or 2 Bottles):

Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Requested By: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Request: \_\_\_\_\_

| Number of Bottles Requested | Number Currently On-Hand | Number Used per Month/Quarter  |
|-----------------------------|--------------------------|--|
|                             |                          | <input type="checkbox"/> per Month<br><input type="checkbox"/> per Quarter |

| Comments  |   |  |
|---|---|--|
| <input type="checkbox"/> Bottles Needed for Compliance (SDWA) Samples | <input type="checkbox"/> Bottles needed for GWUDI Study | <input type="checkbox"/> Bottles Needed for Repeat Samples |
| <input type="checkbox"/> Bottles Needed for Special Purpose Samples   | <input type="checkbox"/> Address Change                 |  |
|   |   |  |

**INSTRUCTIONS**

1. Completely fill out the information requested above. The address is where the bottles are to be delivered.
2. If collecting for more than one Public Water System, Please list all P.W.S. I.D. Numbers.
3. Please indicate the Number of Bottles Requested along with the number Currently On-Hand (so that the bottle usage may be accurately tracked) and the Number of Samples Taken per Month/Quarter to meet SDWA Compliance. Sample bottles have a six month shelf life; therefore, the Office of Laboratory Services (O.L.S.) will provide up to a six month supply of bottles.
4. This form may be submitted to the O.L.S. by FAX, by Mail or may be included along with Monthly/Quarterly Samples.
5. The Water Bacteriological Sample Bottles are the property of the O.L.S. and must be returned to the O.L.S. for analysis. **THEY MAY NOT BE SENT TO ANY OTHER COMMERCIAL OR PRIVATE LABORATORY.**

| DO NOT WRITE BELOW THIS LINE - FOR OFFICE OF LABORATORY SERVICES' USE ONLY |             |                 |                    |                |              |
|--|-------------|-----------------|--------------------|----------------|--------------|
| Last Update  | Number Sent | Number Received | Number Outstanding | Number To Send | Date Entered |
|  |             |                 |                    |                |              |
| <b>Comments:</b>   |             |                 |                    |                |              |