



METROPOLITAN NAGA WATER DISTRICT

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FORMS

Revision No.: 0

REQUEST FOR WATER ANALYSIS

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Republic of the Philippines
METROPOLITAN NAGA WATER DISTRICT
40 J. Miranda Avenue, Naga City

PRODUCTION DIVISION
Telephone No. (054) 472-1685 loc. 122

REQUEST FOR WATER ANALYSIS

1. Name : _____ Address : _____
 2. Sample Collected by : _____
 3. Sampling Date : _____ Time : _____ Contact No: _____

4. Sampling Point
 Pump Fire Hydrant
 Tank Flowing Pipe
 Faucet River

5. Source of water supply
 MNWD River
 Shallow well Lake
 Deep Well Developed Spring
 Local Waterworks Undeveloped Spring
 Rain Water

6. Type of Ownership
 Private
 Public
 Commercial

7. Type of Well
 Dug Bored
 Drilled

8. Well Usage
 New (not yet in use)
 Recent (use of less than 3 months)
 Old (in use over 3 months)

9. Pump requires priming (preparation)
 Yes No

10. Repairs done within two (2) months
 None Rod
 Pump Cleaned Well

11. Water Treated Specify
 Yes No

12. Distance of the following from the well in meters
 Privy (outdoor toilet) _____ meter (s)
 Septic Tank _____ meter (s)
 Cesspool (drain) _____ meter (s)
 Stagnant Water _____ meter (s)
 Sea and Others (Specify) _____ meter (s)
 Piggery, poultry or Animal house _____ meter (s)
 Hospital Effluent (waste matter / sewage) _____ meter (s)
 Cemetery _____ meter (s)
 Canal _____ meter (s)
 Garbage/Dumpsite _____ meter (s)

12. Analysis requested
 Bacteriological HPC
 Physical & Chemical

13. With Certification
 Without Certification
 Purpose: _____

Name of person or representative requesting examination

For the Laboratory Only:			
Received by	:		
Date and Time	:		
Laboratory No.	:		
Amount Paid	:	OR # :	Date Issued:

DATE OF SUBMISSION:

----- CUT HERE -----

Name of Requesting Party:	O.R. # and Amount Paid:	Date of Issuance:
Type of Service(s) Done: <input type="checkbox"/> Bacteriology <input type="checkbox"/> Physical / Chemical		

Clients Copy (Please present this and official receipt when claiming your result/s)