

Form SW-259 (2021)
Fax to: (304) 558-4322 or mail to:
C&T Program
350 Capitol Street Room 313
Charleston, WV 25301

www.wvdhhr.org/oehs/eed/swap/trainingandcertification

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|-------------------------------|
| C&T Use Only |
| Date Received: ____/____/____ |
| Staff Lead: _____ |

Water Well and Pump Violation Report

Print legibly and fill out completely. Incomplete applications will not be processed.
Use NA if not applicable.

Application Date (mm/dd/yy): ____/____/____

Section A. You are the complainant:

First Name: _____ Last Name: _____

Middle Initial: _____ Home Phone: _____ Work phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Email: _____

Section B. The person or firm you are complaining about:

Name: _____

Company Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Office Phone: _____ Fax: _____

Email: _____ Certification #: _____

Section C. Property Owner Information:

Name: _____ Home Phone: _____

Physical Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____ County: _____

Date alleged violation occurred (mm/dd/yy): _____

Permit Number: _____

Directions to property where alleged violation occurred:

Note: Proof of any allegations must be submitted to help determine if a violation occurred.

I certify that the information above is true to the best of my knowledge.

Signature of complainant: _____ Date: _____

Please submit this report and any additional information in support of your complaint to
Certification and Training Program 350 Capitol Street, Room 313, Charleston, WV 25301,
phone 304-558-2981 or fax to 304-558-4233