

REQUEST FOR POTABLE WATER ANALYSIS
 LABORATORY SERVICES DIVISION MDEQ #0015
 1600 N Michigan Ave, Saginaw, MI 48602

| | | |
|------------------------------|--|---------------------|
| Laboratory Sample ID Number: | Temp: | Received by: |
| | Is sample <24 hrs. <input type="checkbox"/> Yes <input type="checkbox"/> No | Received Date/Time: |

- ✓ Samples are to be submitted to the Laboratory on Mondays, Tuesdays, or Wednesdays before 4 p.m.
- ✓ Samples must be placed on ice immediately after collection and kept cool (1°C - 4°C) before delivering to the Lab. The sample must be less than 24 hours old.
- ✓ Samples not properly identified or not having clear test requests MAY NOT be tested. Please complete all parts of this form. Please do not write on bottles.

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|------------------------|---|---|
| TEST REQUESTED: | <input type="radio"/> Routine (Coliform/Anion/Cation) | <input type="radio"/> Regulatory/Annual Coliform/Anion) |
| | <input type="radio"/> Coliform (72 hours) | <input type="radio"/> Coliform (24 hours) <input type="radio"/> Quantitative |
| | <input type="radio"/> Other: _____ | |
| SAMPLE TYPE: | <input type="radio"/> Private well | <input type="radio"/> Type II <input type="radio"/> Type I <input type="radio"/> Other: _____ |

| REPORT RESULT INFORMATION: (Please Print) | | |
|---|--------------------------------|--|
| Report Results To: | Owner's Phone: | |
| Street Address: | WSSN (Type I-II Public Water): | |
| City, State & Zip Code: | | |
| If you would like your results emailed, please provide address below: | | |
| SAMPLE COLLECTION INFORMATION: (Please Print) | | |
| Date Collected: | Time Collected: | Was sample immediately placed on ice? (circle one) YES NO |
| System/Owner Name: | | System Address: |
| Township: | | County: |
| Sampling Location: | | Collected by: |
| Collection Method (Please circle correct response): <input type="radio"/> Routine <input type="radio"/> Regulatory <input type="radio"/> Annual <input type="radio"/> Quarterly <input type="radio"/> Re-sample <input type="radio"/> Well Final Other: _____ | | |
| Well Depth- Ft. | Well Diameter- In. | Well Age - yrs. |

COMMENTS: