

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.

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: _____
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REPORT RESULT INFORMATION: <i>(Please Print)</i>		
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: <i>(Please Print)</i>		
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:		