

# Water Sampling Request Form

(Please print. Complete entire form to avoid a delay.)

**Water well system is serving (check one):**

- Single Family Dwelling       Type II (business, church, school, park, campground, manufacturing plant)  
 Duplex/Multi-Family Dwelling       Other, please specify: \_\_\_\_\_

**Sample Collection Address:**

Parcel / Tax ID #: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Lot #: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_ City/Village/Township: \_\_\_\_\_

**Contact Information (you will be contacted to schedule an appointment):**

Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

**Please send results to:**

check here if same as above

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt or Suite #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail (optional): \_\_\_\_\_

**Sample(s) Requested:**

*Samples analyzed by KCHCS Lab*

\_\_\_\_\_ \$15.00 Bacteriological  
\_\_\_\_\_ \$14.00 Nitrate

*Samples analyzed by MDEQ Lab – Additional tests available per [MDEQ Testing Fee Schedule](#)*

\_\_\_\_\_ \$18.00 Partial Chemistry (Nitrate, Nitrite, Fluoride, Chloride, Hardness, Iron, Sodium and Sulfate)  
\_\_\_\_\_ \$18.00 Arsenic (other metals available upon request)  
\_\_\_\_\_ \$26.00 Lead/Copper for corrosion control  
\_\_\_\_\_ \$100.00 Volatile Organic Compounds  
\_\_\_\_\_ \$ \_\_\_\_\_ (Other, please identify test and fee)

**Fee Total:**

\_\_\_\_\_ Total Sample Cost from Above  
+ \$7.00 Postage – Shipping & Handling (for MDEQ Lab samples only)  
+ \$90.00 Sample Collection Fee

**Total Cost**

Payment can be made with cash, check (payable to *KCHCS*), or credit card (Discover, MasterCard, or VISA). **Credit Card Payment:** For secure payment, submit the Credit Card Authorization Form to Kalamazoo County Environmental Health by FAX or MAIL only. Please return this form with payment to:

**Mail:** Kalamazoo County Health & Community Services Department  
Environmental Health – PO BOX 42 Nazareth, Michigan 49074-0042

**Fax:** 269-373-5333  
**E-mail:** [ehincoming@kalcounty.com](mailto:ehincoming@kalcounty.com)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MasterCard, Visa, or Discover Card Payment Request

For secure payment, submit this form to Kalamazoo County Environmental Health by FAX or MAIL only. Please **fully complete** and **SIGN** this form and send it with the application.

Service Requested \_\_\_\_\_

Address of Property \_\_\_\_\_

Service Requested by \_\_\_\_\_

Cardholder's daytime phone number \_\_\_\_\_

Name of Credit Card Holder as it appears on the credit card:

\_\_\_\_\_  
First Middle Last

Billing Address:

\_\_\_\_\_  
Street Address City & State Zip Code

Costs for services (Environmental Health Fee Schedule), applications, and instructions are located on the Kalamazoo County website at <http://www.kalcounty.com/eh/licenses.htm>. Costs for services can also be obtained by contacting Environmental Health staff at (269) 373-5210.

Please charge the above credit card for the requested service(s).

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Kalamazoo County HCS Environmental Health Fax number and Address: (269) 373-5333

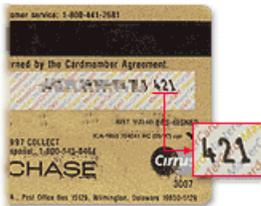
Kalamazoo County HCS EH, P.O. Box 42, Nazareth, Michigan 49074-0042

\_\_\_\_\_ This shaded area is for office use only. \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mail \_\_\_\_\_ EH Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

Authorization # \_\_\_\_\_ Dollar Amount \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_



V-Code: \_\_\_\_\_

The V-Code is the last three digits on the signature panel.

Expiration Date (Month & Year): \_\_\_\_\_ / \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_

