

# Water Testing Request Form

Please print in ink using CAPITAL letters.

Lab Use Only: Recv'd Date /Time Stamp	Initials	Specimen Condition <input type="checkbox"/> sample received on ice	Specimen Number
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KALAMAZOO

COUNTY GOVERNMENT

Health & Community Services Department

### KCHCS Laboratory Services

311 East Alcott St., Kalamazoo MI 49001  
 Phone: 269-373-5360 Fax 269-373-5216  
 Specimen Drop-off Hours: Monday - Thursday, 8a - 4:00p  
**Pre-payment required for testing, NO BILLING**  
 Testing fees MUST be paid at KCHCS Environmental Health

ALL SAMPLES MUST BE RECEIVED ON ICE OR COLD PACKS

Samples that are not transported on ice or ice packs will not be accepted

<b>Drinking water Test Requested</b>  <input type="checkbox"/> Bacteriological well analysis (\$20.00*) <input type="checkbox"/> Nitrate analysis (Well Samples) (\$20.00*)  <small>* Prices were correct at time of printing.        Client will be responsible for paying current prices.        Call 269-373-5360 for current pricing.</small>	<b>EPA Hold Times:</b>  <input type="checkbox"/> Do not analyze if received beyond EPA specified hold times* <small>*collection time to run time:          30 hour time limit for Bacteriological well analysis          48 hour time limit for Nitrate Partial Chemistry analysis</small> <input type="checkbox"/> Analyze the sample even if received beyond EPA specified hold times  <b>NOTE:</b> If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold times typically cannot be used for compliance purposes, the results still may have informational value.
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<b>Submitter/Client (Required)</b>			
Submitter/Client Name			Phone Number
Mailing Address (Street)			Fax Number
City	State	Zip Code	Township
Contact Person	E-Mail Address		County

<b>Sample Site</b> <input type="checkbox"/> Same as Submitter/Client (above)		
System/Owner/Facility Name		County
Mailing Address (Street)		Township
City	State	Zip

\*\*\*\*\*Check only 1 (one) box in each of the four columns below\*\*\*\*\*

Source	Purpose	Sample Point	Sample Point of Origin
<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Type I Community Water Supply <input type="checkbox"/> Type II Non-Community Water Supply <input type="checkbox"/> Type III Public Water Supply <input type="checkbox"/> Private Well <input type="checkbox"/> Chlorinated Water Supply <input type="checkbox"/> Municipal Water Supply <input type="checkbox"/> Other:	<input type="checkbox"/> Routine Monitoring <input type="checkbox"/> Real Estate Transaction <input type="checkbox"/> Repair/Construction/New Well <input type="checkbox"/> Water Quality Problem <input type="checkbox"/> Replace T2/T3 <input type="checkbox"/> Flush Loan <input type="checkbox"/> Simple CIS <input type="checkbox"/> Bulk <input type="checkbox"/> Other	<input type="checkbox"/> Public System Well <input type="checkbox"/> Untreated Pub. Dist. System <input type="checkbox"/> Treated Pub. Dist. System <input type="checkbox"/> Untreated Private Well <input type="checkbox"/> Treated/Softened Private Well <input type="checkbox"/> Pressure Tank/Plant Tap <input type="checkbox"/> Other	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Kitchen tap  <input type="checkbox"/> Sample tap  <input type="checkbox"/> Wellhead  <input type="checkbox"/> Pressure Tank  <input type="checkbox"/> Lab Tap  <input type="checkbox"/> Utility Room  <input type="checkbox"/> Well House  <input type="checkbox"/> Other:         </div> <div> <input type="checkbox"/> Bathroom tap  <input type="checkbox"/> Outside         </div> </div>

Collection Information (Required)	Collector Code	Additional Information
Time	<input type="checkbox"/> County Personnel <input type="checkbox"/> Water Supply Operator <input type="checkbox"/> MDEQ WD Staff <input type="checkbox"/> Private Citizen	<input type="checkbox"/> MDEQ Staff Other than WD <input type="checkbox"/> MDNR Staff <input type="checkbox"/> MDA Staff <input type="checkbox"/> Other
Date		WSSN#: _____
Name		Well #: _____
		Driller: _____
		Site Code: _____

01052021PRIVATE

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## Laboratory Services

311 East Alcott St., Kalamazoo MI 49001

Phone: 269-373-5360 Fax 269-373-5216

Specimen Drop-off Hours: Monday - Thursday, 8am - 4:00 pm

**All testing must be Pre-Paid, NO BILLING**

Testing fees received at KCHCS Environmental Health

## HCS Drinking Water Analysis Collection Instructions

### Collecting the Sample

- Assure that you are using the appropriate sample containers for the test required. Different tests may require different sample containers.
- Do not open the bottle until ready to collect the sample.
- Do not touch the inside of the cap or bottle. Hold the outside of the cap (do not set it down) while filling the bottle.
- Do not rinse the bottle with sample. The sample container for bacteriological testing contains a preservative (white powder or tablet). Do not rinse the bottle to remove this residue.
- Select a clean indoor faucet and allow the cold water to run for about five minutes or two pump cycles at full flow.
- Reduce the flow to a pencil size stream and collect the sample directly into the bottle. Avoid splashing and do not overflow the bottle. Fill bottle to the bottom of the neck or to "fill line" if present on the container.
- Replace cap and secure tightly to ensure that sample does not leak.

### Completing the Form

- A separate requisition form is required for each sample in order to identify it for reporting.
- Enter all known information on sample requisition form. Type or print legibly. Attach any comments regarding testing on a separate sheet of paper. Samples with insufficient information to identify the sample or determine testing requested may not be processed.
- For Type II water supplies, a Water Supply Serial Number (WSSN), sample location, and other information may be regulatory requirements from public water supplies. Detailed instructions and your assigned WSSN may be obtained from the MDEQ Water Supply Division telephone 517-335-9216.

### Delivering the Sample to the Laboratory

- Samples should be delivered to the laboratory as soon as possible after collection, so tests can be performed within 30 hours of collection. Refrigerate all samples. The Laboratory is located at 311 East Alcott Street in Kalamazoo.
- Samples are accepted at the Laboratory Monday thru Thursday 8:00 am to 4:00 pm except posted holidays.
- Samples must be received on ice or ice packs. Samples that are not transported on ice or ice packs will not be accepted.
- Payment must be received or sample will not be tested. Payment may be made via cash, credit card or check/money order payable to Kalamazoo County HCS.
- Payments can be made at KCHCS Environment Health, 1st Floor, 311 East Alcott Street