

# Surface Water Sampling Request Form

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

**Please Select One:**

Bathing Beach  Other Surface Water (stream, creek, etc.): \_\_\_\_\_

**Sample Collection Address:**

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

**Contact Information**

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*

\$54.00 (\$18.00 x3 for Bathing Beach Bacteriological)

**Fee Total:**

_____	Total Sample Cost from Above
+ \$100.00	Sample Collection Fee
<input type="text"/>	<b>Total Cost (cash, check, VISA or Mastercard)</b> Please make checks payable to KCHCS

Payment can be made with cash, check (payable to *Kalamazoo County Health & Community Services Department*), or credit card. **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:

**By Mail:** Kalamazoo County Health & Community Services Department  
Environmental Health – 311 East Alcott Street, Kalamazoo, MI 49001

**By Fax:** 269-373-5333

**By E-mail:** [ehincoming@kalcounty.com](mailto:ehincoming@kalcounty.com)

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

