

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
_____ \$16.00 Nitrate

Samples analyzed by MDEQ Lab – Additional tests available per [MDEQ Testing Fee Schedule](#) (Please note, a \$40.00 per shipment overnight postage charge is required for tests 36VO, 36HA, 36TO, 33, 32) and a \$7.00 postage charge for all other tests.)

_____ \$18.00 Arsenic (other metals available upon request)
_____ \$26.00 Lead/Copper for corrosion control
_____ \$100.00 Volatile Organic Compounds (36VO)
_____ \$_____ (Other, please identify test and fee)

Fee Total:

_____ Total Sample Cost from Above
+ \$40.00 Postage – Shipping & Handling (for MDEQ tests 36VO, 36HA, 36TO, 33, 32)
+ \$7.00 Postage – Shipping & Handling (for all other MDEQ Lab samples)
+ \$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 – 311 East Alcott Street, Kalamazoo, MI 49001

Fax: 269-373-5333

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

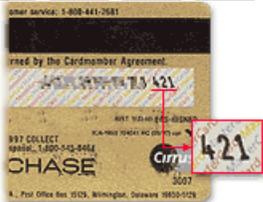
Please charge the above credit card for the requested service(s).

Signature of Card Holder: _____ Date: _____
 Kalamazoo County HCS Environmental Health Wpk/Fax number and Address: (269) 373-5333
 Kalamazoo County HCS EH, 311 East Alcott Street, Kalamazoo, MI 49001

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 ____

