

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

_____ \$20.00 Bacteriological

_____ \$20.00 Nitrate

Samples analyzed by EGLE Lab – Additional tests available per [EGLE \(formally MDEO\) Testing Fee Schedule](#) (Please note, a \$40.00 per shipment overnight postage charge is required for tests 32, 33, 36AC, 36CN, 36CNA, 36EN, 36HA, 36HB, 36 LP, 36PT, 36TO, and 36VO) and a \$7.00 postage.

_____ \$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 EGLE tests 32, 33, 36AC, 36CN, 36EN, 36HA, 36HB, 36LP, 36PT, 36TO, and 36VO).
+ \$7.00 Postage – Shipping & Handling (for all other EGLE Lab samples)
+ \$110.00 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: _____





Credit Card Payment Request

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 Unit 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 Unit 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 Unit 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 3 digits on the signature panel.

Expiration Date (Month & Year): ____ / ____ MC ____ Visa ____

Discover ____ AmEx ____

Environmental Health Unit Phone: (269) 373-5210 Fax: (269) 373-5333
Web: www.kalcounty.com/eh