

# Water Testing Request Form

Please print in ink using CAPITAL letters.

Lab Use Only: Recv'd Date /Time Stamp	Initials	Specimen Condition <small style="text-align: center;">Sample received on ice</small>	Specimen Number
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Drinking water Test Requested	EPA Hold Times:
Bacteriological well analysis (\$15.00*)  Nitrate analysis (Well Sample) (\$16.00*)	Do not analyze if received beyond EPA specified hold times* *collection time to run time: 30 hour time limit for Bacteriological well analysis 48 hour time limit for Nitrate Partial Chemistry analysis 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.
* Prices were correct at time of printing. Client will be responsible for paying current prices. Call 269-373-5360 for current pricing.	

Submitter/Client (Required)			
Submitter/Client Name		Phone Number	
Mailing Address (Street)		Fax Number	
City	State <b>MI</b>	Zip Code	Township
Contact Person	E-Mail Address		County

Billing Information (only for Type II & other pre-arranged customers)	Same As Submitter/Client (above)
Billing Name	Phone Number
Mailing Address (Street)	
City	State      Zip Code

Sample Site	Same As Submitter/Client (above)
System/Owner/Facility Name	County
Mailing Address (Street)	
City	State      Zip

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

Source	Purpose	Sample Point	Sample Point of Origin
Single Family Dwelling	Routine Monitoring	Public System Well	Kitchen tap      Bathroom tap
Type I Community Water Supply	Real Estate Transaction	Untreated Pub. Dist. System	Sample tap      Outside
Type II Non-Community Water Supply	Repair/Construction/New Well	Treated Pub. Dist. System	Wellhead
Type III Public Water Supply	Water Quality Problem	Untreated Private Well	Pressure Tank
Private Well	Replace	Treated/Softened Private Well	Lab Tap
Chlorinated Water Supply	Flush              T2/T3	Pressure Tank/Plant Tap	Utility Room
Municipal Water Supply	Simple              Loan	Other	Well House
Other	Bulk                CIS		Other
Other	Other		

Collection Information (Required)	Collector Code	Additional Information	
Time	County Personnel Water Supply Operator MDEQ WD Staff Private Citizen	MDEQ Staff Other than WD MDNR Staff MDA Staff Other	
Date			WSSN#:
Name			Well #:
		Driller:	
		Site Code:	



**KALAMAZOO COUNTY GOVERNMENT**  
In the Pursuit of Extraordinary Governance...

**Health & Community Services Department**  
 311 East Alcott St., Kalamazoo, MI 49001  
 Phone: 269-373-5360 fax: 269-373-5216  
[www.kalcounty.com/hcs](http://www.kalcounty.com/hcs)

## 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 site 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 if possible. The Laboratory is located at 311 East Alcott Street in Kalamazoo.
- Samples are accepted at the Laboratory Monday thru Friday 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.
- Refrigerate all samples during storage prior to shipment.
- 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



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