

# REQUEST FOR WATER ANALYSIS

See Back For Sampling Instructions

WSSN No. or PARCEL ID NUMBER or Pool Serial Number		Well Number	If the sample is from a well, was it recently chlorinated?	
<input type="text"/>		<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Sample Source - Check One</b>			<b>Sampling Purpose - Check One</b>	
<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Type I (Community, Apartment, Subdivision Mobil home park with 25 or more residents year around) <input type="checkbox"/> Type II (School, Industry, Restaurant, Office, etc serving 25 or more persons-60 days or more per year) <input type="checkbox"/> Type III (All other public Supplies, Duplex, Small Office etc) <input type="checkbox"/> Swimming Pool or Spa <input type="checkbox"/> Other (describe) _____			<input type="checkbox"/> Routine Monitoring / Real Estate Transaction <input type="checkbox"/> Repair / Construction / New Well <input type="checkbox"/> Repeat Sample / Water Quality Problem <input type="checkbox"/> Other (describe) _____	
			<b>Sample Point of Origin - Check One</b>	
			<input type="checkbox"/> Kitchen Tap <input type="checkbox"/> Bathroom <input type="checkbox"/> Pressure Tank Sample Tap <input type="checkbox"/> Outside Tap <input type="checkbox"/> Other (describe) _____	
<b>Billing Information</b>			<b>Mail Information if Different from Billing</b>	
Name			Name	
Address			Mailing Address	
City, State Zip Code			City, State Zip Code	
Phone Number	Results to be sent to County Health Department? Circle Below		Phone Number	
Email /Fax Number	Ottawa	Muskegon	Email /Fax Number	
	Kent	Allegan		
<b>Sample Collection Information</b>			<b>Date Collected</b>	<b>Time Collected</b>
Address of Collection Site		Name of Person Collecting		
<input type="checkbox"/> Private Citizen <input type="checkbox"/> Licensed Water Supply Operator <input type="checkbox"/> County Personnel    License Number: _____ <input type="checkbox"/> MDEQ Staff <input type="checkbox"/> MDA Staff		<input type="checkbox"/> Analyze the sample(s) even if EPA Specified Hold Times have been exceeded		
<b>Test Request Information</b>			<b>Payment must accompany sample</b>	
<input type="checkbox"/> Potable Water/Pool Bacteria Coliform/E.coli <b>\$15.75</b> <input type="checkbox"/> Potable Water Retest for Coliform/E.Coli <b>\$15.75</b> <i>(check retest only if you have had a previous positive coliform result)</i>		<input type="checkbox"/> Partial Chemistry <b>\$17.75</b> <i>Nitrate, Nitrite, I Nitrate, Nitrite, Fluoride, Chloride, Hardness, Iron, Hardness, Iron, Sulfate, Sodium</i>		
<input type="checkbox"/> Type II Volatile Organics Screen CXVO <b>\$110.00</b> <input type="checkbox"/> Type II Synthetic Organics <b>\$132.00 each</b> <i>(Semi Volatiles) CXPT, CXHB, CXLP</i>		<input type="checkbox"/> Arsenic (CAS) <b>\$19.80</b> <input type="checkbox"/> Lead (CPB) <b>\$18.00</b> <input type="checkbox"/> Copper <b>\$18.00</b>		
<input type="checkbox"/> Type II Inorganics CMET2 <b>\$112.00</b> <i>(11 Metals)</i>		<input type="checkbox"/> Cyanide (CCN) <b>\$27.50</b> <input type="checkbox"/> Lead / Copper Corrosior <b>\$28.60</b>		
A complete list of Metals, Organics, Synthetic Organics can be found at <a href="http://www.aatestlabs.com">www.aatestlabs.com</a> (CCUB)				
<input type="checkbox"/> For Type II Water Systems we would like a Certified Operator from Alliance Laboratories to collect, transport and analyze the water samples following EPA guidelines.				<b>\$82.50</b>

**EPA Maximum Hold Times**

Escherichia coli/Coliform 30 hrs from the time taken

Partial Chemistry 48 hrs from the time taken.

Lead/Copper Sample point not used for a minimum of 6 hrs before sampling