

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	
Sample Source - Check One		Sampling Purpose - Check One		
<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"/> Surface Water (Includes bathing Beach and Wastewater discharge, River, Pond) <input type="checkbox"/> Irrigation Water <input type="checkbox"/> Swimming Pool or Spa <input type="checkbox"/> Other		<input type="checkbox"/> Routine Monitoring <input type="checkbox"/> Real Estate Transaction <input type="checkbox"/> Repeat Sample <input type="checkbox"/> Repair/Construction/New Well <input type="checkbox"/> Water Quality Problem <input type="checkbox"/> Other		
		Sample Point of Origin - Check One		
		<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) _____		
Billing Information		Mail Information if Different from Billing		
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		
Sample Collection Information		Date Collected	Time Collected	
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				
Test Request Information		Payment must accompany sample		
<input type="checkbox"/> Drinking Water/Pool Bacteria E.coli / Coliforms \$15.75		<input type="checkbox"/> Partial Chemistry \$17.75		
<input type="checkbox"/> Irrigation/Surface Water MPN \$18.00		<i>Nitrate, Nitrite, Fluoride, Chloride, Hardness, Iron, Sulfate, Sodium</i>		
<input type="checkbox"/> Drinking Water Retest for Coliform/E. Coli 5 \$15.75 (check retest box only if you have had a previous positive result for coliform)				
<input type="checkbox"/> Type II Volatile Organics Screen CXVO \$100.00		<input type="checkbox"/> Arsenic CAS \$18.00		
<input type="checkbox"/> Type II Synthetic Organics (cost per each) \$120.00 (Semi Volatiles) CXPT, CXHB, CXL		<input type="checkbox"/> Lead CPB \$18.00 <input type="checkbox"/> Copper \$18.00		
<input type="checkbox"/> Type II Inorganics CMET2 \$102.00 (11 Metals)		<input type="checkbox"/> Cyanide CCN \$25.00 <input type="checkbox"/> Lead/Copper Corrosion (CCUB) \$26.00		
A Complete list of Metals, Organics, Synthetic Organics can be found at www.alliancelabs.com				
<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.		\$75.00		

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