

BILLING INFORMATION PLEASE PRINT



REQUEST FOR WATER ANALYSIS

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

Name		DWL Account Number	
Mailing Address			
City		State	Zip
DO NOT SEND CASH!	checks payable to State of Michigan		
	Check #	Amt. Encl.	

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? <input type="checkbox"/> Yes <input type="checkbox"/> No	For questions call us at: (517) 335-8184
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<p>SAMPLE SOURCE - Circle One</p> <p>0 - Single Family Dwelling</p> <p>1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)</p> <p>2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)</p> <p>3 - TYPE III (all other public supplies, duplex, small office, etc.)</p> <p>7 - Surface Water (includes bathing beach and wastewater discharge)</p> <p>8 - Swimming pool or Spa</p> <p>9 - Other</p>	<p>SAMPLING PURPOSE - Circle One</p> <p>0 - Routine Monitoring</p> <p>1 - Real Estate Transaction</p> <p>2 - Repeat Sample</p> <p>3 - Repair/Construction/New Well</p> <p>5 - Water Quality Problem</p> <p>9 - Other</p>
<p>SAMPLE POINT - Circle One</p> <p>1- Public System Well</p> <p>2- Public System Surface Water</p> <p>3- Untreated Public Distribution System</p> <p>4- Treated Public Distribution System</p> <p>5 - Untreated Private Well</p> <p>6 - Treated/Softened Private Well</p> <p>7 - Pressure Tank/Plant Tap</p> <p>9 - Other</p>	

SENDER INFORMATION PLEASE PRINT NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
Mailing Address	Area Code & Phone number
City	State ZIP Code

SAMPLE COLLECTION INFORMATION PLEASE PRINT

Sample Collector Name	Date Collected	Time Collected	<i>Circle One</i> AM PM
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Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

<p>Collector Code Circle One</p> <p>0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen</p> <p>4 - DEQ Staff other than DW 6- MDA Staff 9- Other</p>	System/Owner Name		
Collection Site (Street Address)	Township (If known)	Section (If known)	
City	County	ZIP Code	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	<input checked="" type="checkbox"/>
B	30	Coliforms/E. coli (Bacteriology) 30 hour hold time	\$16.00	
R	32	Automated Partial Chemistry, including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron 48 hour hold time	\$18.00	
CAS	36ME	Arsenic	\$18.00	
CPB	36ME	Lead	\$18.00	
CCUB	36CC	Lead/Copper for corrosion control	\$26.00	
CXVO	36VO	Volatile Organic Compounds	\$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	\$175.00	
TEST CODE	REQUIRED UNIT #	SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)	FEE	
NPEC-LO	30	E. coli (Counts 10 - 10,000) <i>delivery to lab-6 hours</i>	\$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) <i>delivery to lab-6 hours</i>	\$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) <i>delivery to lab-6 hours</i>	\$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) <i>delivery to lab-6 hours</i>	\$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
TOTAL OF ALL FEES		▶▶

- A form is required for **each sample site** (Collection Site, Sampling Point, and Date/Time must be the same for all samples with this form).
- **Complete all parts of this form which apply, especially collection date and time.** Samples not properly identified or not having clear test requests MAY NOT be tested.
- Fill in your email address if you would like a copy of the report emailed when completed.
- **For additional information contact your local county health department, the Drinking Water Laboratory at (517) 335-8184 or visit our web site: www.michigan.gov/deq ⇒ About the DEQ ⇒ Information tab ⇒ Laboratory Services ⇒ Drinking Water**

Please allow 3-10 business days for results, depending on the complexity of the testing ordered.

SAMPLE COLLECTION INSTRUCTIONS

UNIT#	INSTRUCTIONS
30	<ol style="list-style-type: none"> 1. This testing unit contains preservatives (tablet) in the sample bottle. Do not rinse the bottle with sample. Do not open the bottle until ready to collect the sample. Do not touch the inside of cap or bottle. 2. If not collecting sample from a tap (lake, pool, etc.), plunge bottle mouth down, move in continuous arc down and back up from water, discard top half-inch or to 100 ml line. 3. If using a sample tap, select a clean (disinfect as necessary) faucet and remove such attachments as aerators, dishwasher connectors, etc. Allow water to run for about ten minutes at full flow from the sampling tap. Reduce flow to avoid splashing, and collect the sample directly into the bottle. Do not use an intermediate container. Do not allow water from the outside surface of the faucet to drip into the bottle. Fill bottle only to the bottom of neck, or to 100 ml line. 4. Most bacteriological testing has a 30 hour EPA hold time. Samples must be received at the laboratory before the hold time expires. Surface water samples must be received at the laboratory within 6 hours of sampling, and before 3PM Monday thru Thursday.
32*, 33* 36AC* 36CN* 36HA* 36HB* 36LP* 36ME 36PT*	<ol style="list-style-type: none"> 1. Sample bottle may contain preservative (refer to unit label on bottle). Do not rinse bottle with sample. Do not open the bottle until ready to collect the sample. Do not touch the inside of cap or bottle. 2. Select a clean faucet and remove such attachments as aerators, dishwasher connectors, etc. Allow water to run for about ten minutes at full flow from the sampling tap. Reduce flow to avoid splashing, and collect the sample directly into the bottle. Do not use an intermediate container. Do not allow water from the outside surface of the faucet to drip into the bottle. Fill bottle to the bottom of neck.
36TO* 36VO* 36VO-NP* 36VO-MEE*	<ol style="list-style-type: none"> 1. The sample vials contain preservative. Tap each vial in upright position to drain preservatives from cap. Do not rinse vial before collection. 2. Do not open the vial until ready to collect the sample. Do not touch the inside of cap or vial. Select a clean faucet without attachments or leaking stem. Allow water to run for ten minutes at full flow. 3. Reduce flow and collect the sample directly into all vials provided. <ol style="list-style-type: none"> a. For 36TO, fill vial until water rounds at the top of vial. b. For 36VO, fill vial HALFWAY. Add 4 drops of the provided acid from small dropper bottle. Completely fill vial until water rounds at the top of vial. 4. Cap and invert to check for air in vial. THE SEPTA (RUBBER PART INSIDE CAP RING) MUST BE SMOOTH SIDE DOWN IN CONTACT WITH SAMPLE TO AVOID POSSIBLE CONTAMINATION. 5. Samples containing an air bubble may not be analyzed. If air is observed in inverted sample, remove cap, add water (DON'T DUMP SAMPLE) and recap as instructed.
36CNa*	<ol style="list-style-type: none"> 1. Enclosed vial contains dilute preservative and caution should be exercised. This testing unit also contains preservatives in the sample bottle. Tap unit in upright position to drain preservatives from cap. Do not rinse bottle before collection. 2. Do not open the bottle until ready to collect the sample. Do not touch the inside of cap or bottle. 3. Do not rinse the bottle with sample. Select a clean faucet without attachments or leaking stem. Allow water to run for about ten minutes at full flow from the sampling tap. 4. Reduce flow to avoid splashing, and collect the sample directly into the bottle. Do not use an intermediate container. Fill to 1" below top of bottle. Cap and invert 5 times to mix sample with preservatives. Carefully add all preservative in vial to sample bottle. Cap the sample and mix sample. Rinse vial and return.
36CC	<ol style="list-style-type: none"> 1. Do not open the bottle until ready to collect the sample. Do not touch the inside of cap or bottle. 2. Select a kitchen or bathroom sink or a faucet from which water is typically drawn for consumption. Sampling point should not have been used for a minimum of six (6) hours prior to sampling. Do not flush the sample tap before sample collection. 3. Complete a separate form for each sample. Write the sampling point on the sample bottle label in the space for Sample ID. 4. Samples must be received in the laboratory within 14 days of collection.

* **NOTE:** Some tests require thermal preservation. If you received your kit with an ice pack, please ensure that the **ice pack is frozen** prior to return shipment to the laboratory.

UPS/FED EX and SAMPLE DROP-OFF
 Drinking Water Laboratory
 Michigan Dept. of Environmental Quality
 3350 N. Martin Luther King Jr. Blvd.
 Lansing, MI 48906

US MAIL SHIPPING ADDRESS
 Drinking Water Laboratory
 Michigan Dept. of Environmental Quality
 PO Box 30270
 Lansing, MI 48909