



FOR LAB USE ONLY

Complete all parts of this form legibly in ink to ensure your sample is accepted for testing.

| | | | |
|-----------------------------|----------------|----|-------------------------|
| Date Collected (MM/DD/YYYY) | Time Collected | AM | Sample Collector's Name |
| | | PM | |

Do NOT test my sample(s) unless all requirements of the Safe Drinking Water Act are met. If you do not check this box, your sample will be tested. Only samples and results meeting all requirements of the Safe Drinking Water Act will be accepted for compliance by the State of Michigan. All other results may be used for informational value only.

SAMPLE COLLECTION INFORMATION

| | | | |
|---|--|--------------------------------------|--------------------------------------|
| Does this sample contain chlorine? Yes No | 0 – Single Family Dwelling | 0 – Routine monitoring | 1 – Public System Well |
| | 1 – Type 1 (25 or more residents year round) | 1 – Real Estate Transaction | 2 – Public System Surface Water |
| | 2 – Type 2 (25 or more persons 60 days or more per year) | 2 – Repeat Sample | 3 – Untreated Public Distribution |
| | 3 – Type 3 (All other public supplies) | 3 – Repair/New Well | 4 – Treated Public Distribution |
| | 8 – Swimming Pool/Spa | 5 – Water Quality Problem | 5 – Untreated Private Well |
| | 9 – Other | 9 – Other | 6 – Treated/Softened Private Well |
| | Enter Selection <input type="text"/> | Enter Selection <input type="text"/> | 7 – Pressure Tank/Plant Tap |
| | | | 9 – Other |
| | | | Enter Selection <input type="text"/> |

| | | | | |
|-----------------|-------------------------------------|---------------|--------------------|-------------------------|
| WSSN or Pool ID | Water Supply/Business or Home Owner | | | |
| Address | | City | State | Zip |
| County | Township | Section | Well/Source Number | Site Code/Permit Number |
| Sampling Point | Kitchen Sink | Bathroom Sink | Other (List here): | |

REPORT RESULTS TO

| | | | |
|-----------------------|--------------|-------|-----|
| Name | Phone Number | | |
| Address | City | State | Zip |
| Send Report to E-mail | | | |

BILLING INFORMATION

| | | | |
|---|--------------|-------|-----|
| Check here if billing name/address is same as report results to name/address. | Billing Name | | |
| Billing Address | City | State | Zip |
| EGLE Drinking Water Lab Acct # | | | |

TESTING INFORMATION

| Check | Test Code | Unit Number | Test Description | Fee | Test Request Instructions |
|-------|----------------|--------------|---|----------|--|
| | B | 30 | Total Coliform/E. coli | \$16.00 | 1. Check box for test code request. 2. Check container label to ensure correct sample container. Only EGLE containers are accepted. 3. Enter additional test code, sample container and fee. See Testing Fee schedule, Form EQP2301. 4. Add total of all fees. 5. Sample units 30, 32 and 33 MUST be dropped off at the laboratory by Friday 3:30PM 6. See reverse side for sample collection instructions. * This test code requires thermal preservation and should be returned to the laboratory within 24 hours. |
| | NN* | 32 | Nitrate and Nitrite | \$17.00 | |
| | R* | 32 & 36ME | Automated Partial Chemistry | \$18.00 | |
| | CAS | 36ME | Arsenic | \$18.00 | |
| | CCUB | 36CC | Lead/Copper for corrosion (first draw sample) | \$26.00 | |
| | CPB | 36ME | Lead | \$18.00 | |
| | CXVO* | 36VO | Volatile Organic Compounds | \$100.00 | |
| | CXTM* CXHA* | 36VO 36HA | Disinfection Byproducts Rule (TTHM & Haloacetic Acids) | \$175.00 | |
| | CXPT* | 36PT | Pesticides | \$125.00 | |
| | CXHB* | 36HB | Herbicides | \$120.00 | |
| | CXLP* | 36LP | Carbamates | \$120.00 | |
| | | | Enter additional test code, sample container and fee from Testing Fee Schedule here | \$ | ***FOR LAB USE ONLY*** Sample Receipt Temperature: <input type="text"/> °C Received on Ice within 24 hours: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | \$ | |
| | | | | \$ | |
| | | | Total of all fees | \$ | |

1 Follow These General Sample Collection Instructions for collecting your sample(s)

- Select a clean cold water tap and remove attachments such as aerators prior to sample collection unless otherwise specified.
 - Do not open the sample container until immediately prior to sample collection.
 - Do not touch the inside of the sample container or container cap.
 - Do not rinse the sample container with sample.
 - Freeze ice packs if provided for a minimum of 24 hours prior to sample collection.
- Return samples with this completed form to the Michigan EGLE Drinking Water laboratory within 24 hours of collection where possible using any provided frozen ice packs and cooler. Additional ice may be required to meet temperature preservation requirements where samples are not received by the laboratory within 24 hours of collection. Some samples have shorter testing hold times and must be returned to the laboratory sooner.

2 Follow These Specific Sample Container Collection Instructions for collecting your sample(s)

30, 36ME, 32*, 33*, 36AC*, 36CN*, 36HA*, 36HB*, 36LP*, 36PT*

- These sample containers may contain a chemical preservative in liquid, powder or tablet form indicated on the container label. Use caution when collecting samples. * These sample containers require temperature preservation and should be returned to the laboratory within 24 hours.
1. Turn the cold water tap on full flow and allow the water to run for ten minutes.
 2. Reduce the flow to avoid splashing, and remove the sample container cap.
 3. Carefully fill the container to the base of the neck or the fill line on the sample container if indicated, and replace the sample container cap. **Unit 30** fill the container between the **100 mL and MAX fill** lines on the sample container and replace the sample container cap. Return within 24 hours.

36TO*, 36EN*

- These sample containers contain a chemical preservative in liquid or powder form indicated on the container label. Use caution when collecting samples. *These sample containers require temperature preservation and should be returned to the laboratory within 24 hours.
1. Turn the cold water tap on full flow and allow the water to run for ten minutes.
 2. Reduce the flow to avoid splashing and remove the sample container cap.
 3. Carefully fill the vial until water rounds at the top, and replace the sample container cap.
 4. Invert the vial. If any air is present in the vial, remove the sample container cap, carefully add additional sample until water rounds at the top, and replace the sample container cap. Repeat this step if necessary until no air is present in the vial.

36VO*, 36VO-NP*, 36VO-MEE*

- These sample containers may contain a chemical preservative in powder form indicated on the container label. Use caution when collecting samples. *These sample containers require temperature preservation and should be returned to the laboratory within 24 hours.
1. Turn the cold water tap on full flow and allow the water to run for ten minutes.
 2. Reduce the flow to avoid splashing and remove the sample container cap.
 3. Carefully fill the vial half full and add 8 drops of preservative from the provided dropper bottle. Continue filling the vial until water rounds at the top and replace the sample container cap.
 4. Invert the vial. If any air is present in the vial, remove the sample container cap, carefully add additional sample until water rounds at the top, and replace the sample container cap. Repeat this step if necessary until no air is present in the vial.

36CNa*

- This sample container contains a chemical preservative and also includes a dilute preservative to be added. Use caution when collecting samples. *These sample containers require temperature preservation and should be returned to the laboratory within 24 hours.
1. Turn the cold water tap on full flow and allow the water to run for ten minutes.
 2. Reduce the flow to avoid splashing and remove the sample container cap.
 3. Carefully fill the container to approximately one inch below the top. Cap and invert to mix.
 4. Remove the sample container cap, carefully add the included dilute preservative from the dropper bottle, replace the sample container cap, and invert to mix.

36CC

- These sample containers do not contain a chemical preservative.
 - Allow the water to sit undisturbed for at least six hours. Do not flush the sample tap prior to sample collection. Do not remove attachments such as aerators.
1. Remove the sample container cap and place the sample container directly under the sample tap.
 2. Turn the water on full flow, carefully fill the container to the base of the neck, and replace the sample container cap.

3 Return Your Sample(s) and completed form(s) to the Michigan EGLE Drinking Water Laboratory using one of the methods below:

Sample Drop Off

You must call in advance to drop your samples off. Call 517-335-8184

Michigan EGLE Drinking Water Laboratory
3350 N. Martin Luther King Jr. Blvd.
Lansing, MI 48906

Monday – Thursday 8:00AM to 4:30PM
Friday - 8:00AM - 3:30PM

UPS – FedEx

Michigan EGLE Drinking Water Laboratory
3350 N. Martin Luther King Jr. Blvd
Lansing, MI 48906

Ship Monday – Thursday to receive by Friday

SAFETY DATA SHEETS (SDS)

FOR PRESERVATIONS AVAILABLE

UPON REQUEST.

Closed Weekends and Holidays

4 Sample Testing and Your Results

- Please allow up to **7-10 business days** for your sample test result(s).
- Call your Local County Health Department for an interpretation of your sample test result(s). See your sample test report for your Local County Health Department contact information. Results will be sent to the Health Department for the County entered on the front of this form.
- For additional information visit the Michigan EGLE Drinking Water Laboratory at michigan.gov/eglelab