REQUEST FOR WATER ANALYSIS

Billing Information

Name	DWL Account number		
Mailing Address			
City	State	Zip	

See reverse side for sample instructions and information

WSSN (Type I-II Public Water)	Does sample contain chlorine? Yes No		For questions call: 810-787-6537 ext. 3501
SAMPLE SOURCE 0 - Single Family Dwelling 9 - Other		SAMPLING PURPOSE 9 - Other	
		SAMPLE POINT 9 - Other	

REPORT RESULTS TO: (PLEASE PRINT) NOTE: RESULTS WILL BE EMAILED TO YOUR LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail add	ress	
Mailing Address	Area Code & Phone number		
City	State	ZIP Code 48505	

SAMPLE COLLECTION INFORMATION (PLEASE PRINT)

Sample Collector Name		Date Coll	ected	Time C	ollected			
							AM	PM
Collector Code	0 - County Pe	rsonnel	1 - Water Sup	ply Operator				
	3 - Private Citi	zen	4 - DEQ Staff	other than DW	/			
	9 - Other			System/Owr	ner Nam	e		
Collection Site (Stre	eet Address)			Township (If F	known	Section (If kno	own)	
City		County		ZIP Code		Well Numbe	r (If more the	an one)
Sampling Point				Site Code or	Permit N	Number (If k	nown)	
Ki	tchen	Bathroom						

TEST CODE	INVESTIGATION UNIT #	DRINKING WATER TEST
CCUB	36CC - 1 Liter	Lead/Copper for Investigation

Return sample and form to either Flint City Hall or the Flint Water Plant. Samples must be received in the laboratory within 14 days of collection.

DRINKING WATER LEAD AND COPPER SAMPLING INSTRUCTIONS

Thank you for helping to monitor for lead and copper in your drinking water.

It is important that you follow these instructions so we obtain an accurate measurement of the lead and copper in your drinking water.

Do not open the bottle until instructed in step 3. Do not touch the inside of cap or bottle.

1. The water in the house must not have been used for a minimum of six (6) hours prior to sampling. The best times to sample are early morning or after returning from work. Do not flush the sample tap before sample collection.

Select a cold water faucet in the KITCHEN or BATHROOM that is commonly used for drinking and has been 2. used within the last 24 hours. No other faucets are acceptable for collection. If the faucet is connected to a faucet mount filter, water softener, iron filter or reverse osmosis system, etc. the treatment device must be removed or bypassed.

When was the faucet last used before sampling?		Date TIME	_TIME		
Is there a faucet-mount filter?			If YES, was it bypassed?		

Is this faucet connected to a home treatment device such as a water softener, a reverse osmosis unit, an iron removal

device OR is any kind of additive used in the home?	
If YES, please describe:	

If YES, was it bypassed?	YES	

- Open sample bottle and place below the faucet and gently open the **COLD** water tap. If you have a single handle 3. faucet, turn it fully to the COLD side. Fill the sample bottle to within an inch of the top with the "first draw" of COLD water.
- 4. Tightly cap the sample bottle

If any plumbing repairs or replacement has been done in the home since the previous sampling event, please note this information here:

If YES, please describe: _____

- 5. Fill out the collection information on the front, answer the questions below and sign the form.
- 6. Attach this form to the bottle and return it to either Flint City Hall or the Flint Water Plant.
- Thank you again for your help. We will send you your individual results within 30 days of receiving them from the 7. laboratory. A summary of information on this year's lead and copper monitoring will be printed in the annual water quality report that will be made available by July 1 of this year. Contact your water supply if you have questions.

If you have any questions contact:

City of Flint Water Plant

4500 N. Dort Hwy.

Phone: 810-787-6537 ext. 3501

I have read the Drinking Water Lead and Copper Sampling Instructions and have taken a tap sample in accordance with these directions.

Sample Collector's Signature

Date