

# REQUEST FOR WATER ANALYSIS

**Billing Information** *PLEASE PRINT*



DRINKING WATER LABORATORY - LANSING  
DEPARTMENT OF ENVIRONMENTAL QUALITY

Name	DWL Account number	
Mailing Address		
City	State	Zip

WSSN (Type I-II Public Water)	Does sample contain chlorine? Yes      No	For questions call us at: <b>517-335-8184</b>
<b>SAMPLE SOURCE</b> 9 - Other	<b>SAMPLING PURPOSE</b> 9 - Other	
	<b>SAMPLE POINT</b> 9 - Other	

**REPORT RESULTS TO:** *(PLEASE PRINT)* NOTE: RESULTS WILL BE EMAILED TO YOUR 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 AM      PM
<b>Collector Code</b> 0 - County Personnel 2 - DEQ DW Staff 9 - Other	1 - Water Supply Operator 4 - DEQ Staff other than DW	
Collection Site (Street Address)		System/Owner Name
Township (if known)		Section (if known)
City	County	ZIP Code
Well Number (if more than one)		
Sampling Point (kitchen, bath, etc.)		Site Code or Permit Number (if known)

TEST CODE	INVESTIGATION UNIT #	DRINKING WATER TEST	FEE	<input checked="" type="checkbox"/>
CCUB	32CC - 125 mL	Lead/Copper for Investigation	<b>\$26.00</b>	
CCUB	36CC - 1 Liter	Lead/Copper for Investigation	<b>\$26.00</b>	