

## WATER SAMPLE REQUEST

*Water samples can only be collected Monday-Wednesday. Results are analyzed and reported to the Health Department by a third-party laboratory. Please allow 14 business days for results. Each test is \$40.*

*There is a Rush Fee of \$80 per sample for results within 5 business days.*

*If on a public water system these test results will be reported to the appropriate municipality.*

Requestor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Requestor Agency (if applicable): \_\_\_\_\_

Testing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parcel Identification Number (Tax ID Number): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

House Currently Occupied?    **Yes**    **No**                      Water Source:    **Private Well**                      **Municipality**

| Sample Type                   | Standard (\$40) | Rush (\$120) |
|-------------------------------|-----------------|--------------|
| Alkalinity                    |                 |              |
| Arsenic                       |                 |              |
| Bacteria (E. Coli & Coliform) |                 |              |
| Chloride                      |                 |              |
| Copper                        |                 |              |
| Fluoride                      |                 |              |
| Gross Alpha                   |                 |              |
| Hardness                      |                 |              |

| Sample Type       | Standard (\$40) | Rush (\$120) |
|-------------------|-----------------|--------------|
| Iron              |                 |              |
| Lead              |                 |              |
| Nitrate           |                 |              |
| Nitrite           |                 |              |
| Radon             |                 |              |
| Residual Chlorine |                 |              |
| Sulfate           |                 |              |
| TDS               |                 |              |

Total # of Samples: \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_ Date Submitted: \_\_\_\_\_