

Drinking Water Analytical Request

Important Information - PLEASE READ

- Samples must be received on ice and within 30 hours of collection.
- Coliform samples are not accepted on Friday after noon without prior approval.*
- Payment is due upon delivery of the samples to the laboratory.
- Turnaround time (TAT) is 3 business days after the day the sample is received by the laboratory.
- Results may be expedited for an additional charge and must be approved in advance by the laboratory.

TRACE ID: _____

SECTION 1: CLIENT TO COMPLETE

▶ Please print the following information clearly:

Sample Location:

System/Owner/Company Name:	
Address of Sample Location:	
City/State/Zip:	
Email Address:	
Phone Number:	WSSN Number:
<p>For Public Water Supplies:</p> <p>Email results to Public Health Muskegon County? (select one): Yes No</p> <p>Other (email address): _____</p> <p>If this information is not specified, the report will <u>NOT</u> be sent to PHMC.</p>	

Submitting Information (if different from the property owner):

Contact Name (if different):	
Company Name (if different):	
Company Address (if different):	
City/State/Zip (if different):	
Email Address:	
Phone Number:	If no email address (Circle): Pickup or Mail Report
Reason for Sampling:	

▶ Sampling Information

Sampled By (Printed Name): _____ Sampled By (Signature): _____

Sample Point Description (Kitchen, Bath, etc.)*	Well Number (if applicable)	Date Sampled	Time Sampled	Was aerator removed?	Was faucet sterilized for	Was water flushed for 10 minutes?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: _____

▶ Please place an X in the appropriate box below to indicate the analytical tests you need. If multiple samples are submitted, please indicate which analyses are needed for each sample.

- | | |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Total Coliform / <i>E. Coli</i> * | <input type="checkbox"/> Volatile Organic Compounds |
| <input type="checkbox"/> Nitrate / Nitrite | <input type="checkbox"/> Sample Collection by Trace Personnel |
| <input type="checkbox"/> Partial Chemistry (NO ₂ , NO ₃ , Cl, SO ₄ , Fl, Fe, Na, Hardness) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Total Lead and / or Copper | |

SECTION 2: TRACE TO COMPLETE

Cash Check Number _____ Credit Card Amount Paid \$: _____

Received on ice: <input type="checkbox"/> Yes <input type="checkbox"/> No	Proper preservatives: <input type="checkbox"/> Yes <input type="checkbox"/> No
Proper containers: <input type="checkbox"/> Yes <input type="checkbox"/> No	Received within hold time: <input type="checkbox"/> Yes <input type="checkbox"/> No Temperature: _____ °C
Received By: _____	Date: _____ Time: _____
Checked By: _____	