

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:

For Public Water Supplies:

Email results to Public Health Muskegon County? (select one): Yes No

Other (email address): _____

If this information is not specified, the report will NOT be sent to PHMC.

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.

☐ Total Coliform / *E. Coli**

☐ Volatile Organic Compounds

☐ Nitrate / Nitrite

☐ Sample Collection by Trace Personnel

☐ Partial Chemistry (NO₂, NO₃, Cl, SO₄, Fl, Fe, Na, Hardness)

☐ Other: _____

☐ Total Lead and / or Copper

SECTION 2: TRACE TO COMPLETE

☐ Cash

☐ Check Number _____

☐ Credit Card

Amount Paid \$: _____

Received on ice: ☐ Yes ☐ No

Proper preservatives: ☐ Yes ☐ No

Proper containers: ☐ Yes ☐ No

Received within hold time: ☐ Yes ☐ No

Temperature: _____ °C

Received By: _____

Date: _____

Time: _____

Checked By: _____