

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 5 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:

REQUIRED INFORMATION*	
System/Owner/Company Name:	
Address of Sample Location:	
City/State/Zip:	
Email Address:	
Phone Number:	
Reason for Sampling:	
For Public Water Supplies:	
WSSN Number (If Applicable):	Well Permit Number (If Applicable):
Email results to Public Health Muskegon County? 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

NOTE: If any of the required information is not provided, the data may be rejected by your regulating body. Trace is not liable for rejected reports due to insufficient information.

Sampling Information

Sample Point Description (Kitchen, Bath, etc.)*	Site Code / Pool ID (if applicable)	Date Sampled	Time Sampled	Was aerator removed?	Was faucet sterilized?	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"/> Other: _____ |
| <input type="checkbox"/> Partial Chemistry (NO ₂ , NO ₃ , Cl, SO ₄ , Fl, Fe, Na, Hardness) | <input type="checkbox"/> Field Collection by Trace Personnel |
| <input type="checkbox"/> Total Lead and / or Copper | Amount Due: _____ |

SECTION 2: TRACE TO COMPLETE

Sample Receipt:		Payment:	
Received on ice: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received: _____	<input type="checkbox"/> Cash	
Proper containers: <input type="checkbox"/> Yes <input type="checkbox"/> No	Time Received: _____	<input type="checkbox"/> Credit Card	
Proper chemical preservatives: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Received By: _____	<input type="checkbox"/> Check Number _____	
Received within hold time: <input type="checkbox"/> Yes <input type="checkbox"/> No	Checked By: _____	Amount Paid \$: _____	
Receipt Temperature (°C): _____			