

## Drinking Water Analytical Request

Trace ID:

Logged by:

Checked by:

- NOTE:**
- Samples must be received on ice and within 24 hours of collection.
  - Bacteria samples are not accepted on Friday after 12pm.\*
  - Turnaround time is 7-10 business days after samples are received at the lab. Results may be expedited for an additional charge, but must be approved in advance by the laboratory.\*\*

**Sample Location:**

System Owner / Company Name:
Contact Name:
Address of Sample Location:
City/State/Zip:
Email:
Phone Number:
Reason for Sampling (REQUIRED):
Well Permit Number (if applicable):
Sampler's Name:

**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:
Phone Number:

☐ \*\*Rush request - need by (fill in date): \_\_\_\_\_

Check for results to be emailed to selected local Health Department: ☐ Yes ☐ No County: \_\_\_\_\_

#	Date Collected	Time Collected	Sample Point Description and Well/Pool ID	WSSN (for Public Water Supplies)	Site Code (if applicable)	Total Coliform / E. Coli (Presence-Absence, SM 2223B)	Nitrate / Nitrite	Partial Chemistry (NO <sub>2</sub> , NO <sub>3</sub> , Cl, SO <sub>4</sub> , F, Fe, Na, Hardness)	Total Lead	Total Lead and Copper	Total Arsenic	Complete Metals Private Supplies - As, Ba, Cd, Cr, Cu, Fe, Hg, Mn, Pb, Se, Zn	Complete Metals Public Supplies - As, Ba, Be, Cd, Cr, Hg, Ni, Pb, Sb, Se, Ti	Volatile Organic Compounds	Free Cyanide	Tannins and Lignins	PFAS	*HACH mColi Blue - Coliform Colony Count	POOLS and SPAS - Total Coliform (Presence-Absence, SM 2223B)	Trace Sample Collection	Other:	Other:

RELEASED BY	RECEIVED BY	DATE	TIME	RELEASED BY	RECEIVED BY	DATE	TIME

**Sample Receipt:**

Yes No N/A

Received on ice:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper containers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received within hold time:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air bubbles absent from VOAs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper chemical preservatives:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Samples preserved at Trace:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipt Temperature (°C):	_____		

Payment

☐ Cash  
☐ Credit Card  
☐ Check Number \_\_\_\_\_  
Amount Paid \$: \_\_\_\_\_

Notes:

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