

Drinking Water Sample Submission Form



(Mail Results/Invoice to) Name _____
 Address _____
 City _____ State _____ ZIP _____
 Email _____ Phone # _____

Well Owner's Name (If Different) _____
 Well Address _____
 City _____ State _____ ZIP _____
 Email _____ Phone # _____

Date Collected _____ Time _____ a.m. _____ p.m. Collected By _____
 Owner's Name _____
 Owner's Address _____
 City _____ State _____ ZIP _____
 Email _____ Phone # _____

Sample Tap Location	
Bathroom	_____
Kitchen	_____
Pressure	_____
Milk House	_____
Other	_____
Patron No.	_____

CHECK INDIVIDUAL TEST(S) OR PACKAGE(S) NEEDED BELOW

Bacteria Tests		Individual Tests		Homeowner's Package	
<input type="checkbox"/>	APC	<input type="checkbox"/>	Alkalinity	<input type="checkbox"/>	Bacteria/E.coli, Nitrate, pH, Mineral Pkg.
<input type="checkbox"/>	Coliform/E.coli Bacteria	<input type="checkbox"/>	Ammonia	<input type="checkbox"/>	Mineral Package
<input type="checkbox"/>	Coliform – MTF	<input type="checkbox"/>	Arsenic	<input type="checkbox"/>	Calcium, Copper, Hardness, Iron, Magnesium, Manganese, Potassium, Sodium, Sulfate, Zinc
<input type="checkbox"/>	Coliform/E.coli – MF	<input type="checkbox"/>	Boron	<input type="checkbox"/>	Livestock Package
<input type="checkbox"/>	Total Coliform/E.coli QT	<input type="checkbox"/>	Cadmium	<input type="checkbox"/>	Mineral Package, pH, TDS, Chloride & Nitrate
<input type="checkbox"/>	HPC	<input type="checkbox"/>	Calcium	<input type="checkbox"/>	Cranberry Package
<input type="checkbox"/>	Iron Bacteria	<input type="checkbox"/>	Chromium	<input type="checkbox"/>	Calcium, Iron, Magnesium, Manganese, Potassium, Hardness, Sodium, Sulfate, Chloride, Conductivity, pH, Boron, Orthophosphorus, Alkalinity, Nitrate
<input type="checkbox"/>	Sulfur Bacteria	<input type="checkbox"/>	Chloride	<input type="checkbox"/>	Poison Contamination Package
<input type="checkbox"/>	Pseudomonas	<input type="checkbox"/>	Conductivity	<input type="checkbox"/>	Arsenic, Lead, Pesticide Screen
Annual Water Package		<input type="checkbox"/>	Copper	<input type="checkbox"/>	
<input type="checkbox"/>	Bacteria/E.coli & Nitrate	<input type="checkbox"/>	Fluoride	<input type="checkbox"/>	
Arsenic Well Package		<input type="checkbox"/>	Hardness	<input type="checkbox"/>	
<input type="checkbox"/>	Bacteria/E.coli, Nitrate & Arsenic	<input type="checkbox"/>	Iron	<input type="checkbox"/>	
		<input type="checkbox"/>	Lead	<input type="checkbox"/>	
				<input type="checkbox"/>	

*Digestion fees may apply if you are requesting metals testing. If turbidity is >1.0 a digestion step must be performed before analysis.

LABORATORY COMMENTS