

ACCOUNT/BILLING INFORMATION (Please Print)

WE DO NOT ACCEPT CASH!	checks payable to State of Michigan
Check #	Amt. Encl.
Account Name	DWL Account Number
Account Mailing Address	
City	State ZIP Code



DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST FOR WATER ANALYSIS

Hours of Operation: Monday - Friday 8:00 am - 5:00 pm.

Closed on Saturday and Sunday

Instructions for sample collection are on back of form

Pre-payment or DWL Account number is required for testing

Visit our Website at www.michigan.gov/deqlab for more information

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? <input type="checkbox"/> Yes <input type="checkbox"/> No	For questions call us at: (517) 335-8184
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SAMPLE SOURCE - <i>Enter your option in box provided</i> <input type="checkbox"/> 0 - Single Family Dwelling 1 - TYPE I (community, apartment, subdivision, park, etc., with 25 or more residents year round) mobile home 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year) 3 - TYPE III (all other public supplies, duplex, small office, etc.) 7 - Surface Water (includes bathing beach and wastewater discharge) 8 - Swimming pool or Spa 9 - Other	SAMPLING PURPOSE - <i>Enter your option in box provided</i> <input type="checkbox"/> 0 - Routine Monitoring 3 - Repair/Construction/New Well 1 - Real Estate Transaction 5 - Water Quality Problem 2 - Repeat Sample 9 - Other
SAMPLE POINT - <i>Enter your option in box provided</i> <input type="checkbox"/> 1 - Public System Well 5 - Untreated Private Well 2 - Public System Surface Water 6 - Treated/Softened PrivateWell 3 - Untreated Public Distribution System 7 - Pressure Tank/Plant Tap 4 - Treated Public Distribution System 9 - Other	

SEND REPORT TO: (Please Print) **NOTE: RESULTS ARE AUTOMATICALLY EMAILED TO YOUR LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mailing Address	Area Code & Phone number
City	State ZIP Code

SAMPLE COLLECTION INFORMATION PLEASE PRINT

****DATE AND TIME COLLECTED MUST BE FILLED OUT****

Sample Collector Name	Date Collected	Time Collected	Check one <input type="checkbox"/> AM <input type="checkbox"/> PM
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Do NOT test my sample if received

- Past USEPA recommended hold time for the requested testing OR Above
- USEPA required preservation temperature for the requested testing

Collector Code <i>Enter Option</i> 0 - County Personnel 1 - Water Supply Operator 2 - DEQ DW staff 3 - Private Citizen 4 - DEQ Staff other than DW 6 - MDA Staff 9 - Other	System/Owner Name
Collection Site (Street Address)	Township (If known) Section (If known)
City County	ZIP Code Well Number (If more than one)
Sampling Point - Only 1 location per form (kitchen, bath, etc.)	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION
(REQUIRED TO RUN TEST)

Each sample point/site (Collection Site, Sampling Point, and Date/Time) must be the same for all samples on this form

TEST CODE	REQUIRED UNIT #	DRINKING WATER or POOL/SPA TEST	TEST FEE	CHECK TEST
B	30	Coliforms/E. coli (Bacteriology) 30 hour hold time	\$16.00	<input type="checkbox"/>
R	32	Automated Partial Chemistry 48 hour hold time	\$18.00	<input type="checkbox"/>
CAS	36ME	Arsenic	\$18.00	<input type="checkbox"/>
CCUB	36CC	Lead/Copper for corrosion control (First draw sample, instructions on back)	\$26.00	<input type="checkbox"/>
CPB	36ME	Lead	\$18.00	<input type="checkbox"/>
CXVO	36VO	Volatile Organic Compounds	\$100.00	<input type="checkbox"/>
CXTM/HA	36VO/36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	\$175.00	<input type="checkbox"/>
SOC (3 bottles)	36PT/LP/HB	CXPT - Pesticides CXHB - Herbicides CXLP - Carbamates	\$365.00	<input type="checkbox"/>
TEST CODE	REQUIRED UNIT #	SURFACE or WASTEWATER TEST (Pond, Lake, Ditch, etc.)	FEE	
NPEC-LO	30	E. coli (Counts 10 - 10,000) delivery to lab-6 hours	\$15.00	<input type="checkbox"/>
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) delivery to lab-6 hours	\$25.00	<input type="checkbox"/>
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) delivery to lab-6 hours	\$15.00	<input type="checkbox"/>
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) delivery to lab-6 hours	\$25.00	<input type="checkbox"/>

TEST REQUEST INSTRUCTIONS:

- Place a check next to Test Code(s) of desired analysis.
- Check the UNIT# on bottle to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing not listed, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory Website for other types of testing.

UNIT #	TEST CODE	ENTER FEE AMOUNT
TOTAL OF ALL FEES ▶▶		

Fee amounts are subject change.

Please allow 3-10 business days for results, depending on the complexity of the testing ordered

Hours of Operation: Monday - Friday 8:00 am - 5:00 pm. Closed on Saturday and Sunday

Mail samples Monday - Thursday to receive at the Lab by Friday. No samples are processed on the weekend.

- A form is required for **each sample site** (Collection Site, Sampling Point, and Date/Time must be the same for all samples with this form).
- **Complete all parts of this form which apply, especially collection date and time.** Samples not properly identified or not having clear test requests MAY NOT be tested.
- Fill in your email address if you would like a copy of the report emailed when completed.
- **For additional information contact your local county health department, the Drinking Water Laboratory at (517) 335-8184 or visit our web site at www.michigan.gov/deqlab**

SAMPLE COLLECTION INSTRUCTIONS

UNIT#	INSTRUCTIONS
30	<ol style="list-style-type: none"> 1. This testing unit contains preservatives (tablet) in the sample bottle. Do not rinse the bottle with sample. Do not open the bottle until ready to collect the sample. Do not touch the inside of cap or bottle. 2. If not collecting sample from a tap (lake, pool, etc.), plunge bottle mouth down, move in continuous arc down and back up from water, discard top half-inch or to 100 ml line. 3. If using a sample tap, select a clean (disinfect as necessary) faucet and remove such attachments as aerators, dishwasher connectors, etc. Allow water to run for about ten minutes at full flow from the sampling tap. Reduce flow to avoid splashing, and collect the sample directly into the bottle. Do not use an intermediate container. Do not allow water from the outside surface of the faucet to drip into the bottle. Fill bottle only to the bottom of neck, or to 100 ml line. 4. Most bacteriological testing has a 30 hour EPA hold time. Samples must be received at the laboratory before the hold time expires. Surface water samples must be received at the laboratory within 6 hours of sampling, and before 3PM Monday thru Thursday.
32*, 33* 36AC* 36CN* 36HA* 36HB* 36LP* 36ME 36PT*	<ol style="list-style-type: none"> 1. Sample bottle may contain preservative (refer to unit label on bottle). Do not rinse bottle with sample. Do not open the bottle until ready to collect the sample. Do not touch the inside of cap or bottle. 2. Select a clean faucet and remove such attachments as aerators, dishwasher connectors, etc. Allow water to run for about ten minutes at full flow from the sampling tap. Reduce flow to avoid splashing, and collect the sample directly into the bottle. Do not use an intermediate container. Do not allow water from the outside surface of the faucet to drip into the bottle. Fill bottle to the bottom of neck.
36TO* 36VO* 36VO-NP* 36VO-MEE*	<ol style="list-style-type: none"> 1. The sample vials contain preservative. Tap each vial in upright position to drain preservatives from cap. Do not rinse vial before collection. 2. Do not open the vial until ready to collect the sample. Do not touch the inside of cap or vial. Select a clean faucet without attachments or leaking stem. Allow water to run for ten minutes at full flow. 3. Reduce flow and collect the sample directly into all vials provided. <ol style="list-style-type: none"> a. For 36TO, fill vial until water rounds at the top of vial. b. For 36VO, fill vial HALFWAY. Add 4 drops of the provided acid from small dropper bottle. Completely fill vial until water rounds at the top of vial. 4. Cap and invert to check for air in vial. THE SEPTA (RUBBER PART INSIDE CAP RING) MUST BE SMOOTH SIDE DOWN IN CONTACT WITH SAMPLE TO AVOID POSSIBLE CONTAMINATION. 5. Samples containing an air bubble may not be analyzed. If air is observed in inverted sample, remove cap, add water (DON'T DUMP SAMPLE) and recap as instructed.
36CNa*	<ol style="list-style-type: none"> 1. Enclosed vial contains dilute preservative and caution should be exercised. This testing unit also contains preservatives in the sample bottle. Tap unit in upright position to drain preservatives from cap. Do not rinse bottle before collection. 2. Do not open the bottle until ready to collect the sample. Do not touch the inside of cap or bottle. 3. Do not rinse the bottle with sample. Select a clean faucet without attachments or leaking stem. Allow water to run for about ten minutes at full flow from the sampling tap. 4. Reduce flow to avoid splashing, and collect the sample directly into the bottle. Do not use an intermediate container. Fill to 1" below top of bottle. Cap and invert 5 times to mix sample with preservatives. Carefully add all preservative in vial to sample bottle. Cap the sample and mix sample. Rinse vial and return.
36CC	<ol style="list-style-type: none"> 1. There must be a minimum of 6 hours during which there is no water used in the house/facility before the sample is collected. Do not flush the sample tap before collection. 2. Do not open the bottle until ready to collect the sample. Do not touch the inside of cap or bottle. 3. Place bottle under faucet and collect cold water (run water at a high flow rate) from a kitchen or bathroom sink or a faucet from which water is typically drawn for consumption. 4. Complete a separate form for each sample. Write the sampling point on the sample bottle label in the space for Sample ID. 5. Sample must be received in the laboratory within 14 days of collection.

*** NOTE:** Some tests require thermal preservation. If you received your kit with an ice pack, please ensure that the **ice pack is frozen** prior to return shipment to the laboratory.

UPS/FED EX and SAMPLE DROP-OFF
 Drinking Water Laboratory
 Michigan Dept. of Environmental Quality
 3350 N. Martin Luther King Jr. Blvd.
 Lansing, MI 48906

US MAIL SHIPPING ADDRESS
 Drinking Water Laboratory
 Michigan Dept. of Environmental Quality
 PO Box 30270
 Lansing, MI 48906