



Customers will be responsible for the cost of shipping, replacement box, and supplies if sample is rejected because it does not meet requirements of collection or shipping.

**Water Testing---Order Form**

*Please read sampling instructions before collecting sample*

**Circle all tests that you would like done on your well and enclose payment for that total amount.**

**Samples not paid for in advance will not be tested. SUBMIT SAMPLES MON-THURS. ONLY**

Bacterial samples: **If mailing the sample it must be overnighted, or if delivering in person sample must reach lab within 30 hours of collection.**

**Bottle:** Small 120 mL bottle is used for collection (fill the bottle completely) and keep sample cool after collection.

<u>Bacterial</u>	
Coliform/E.coli	\$22.00
Heterotrophic Count	\$25.00
Fecal Bacteria	\$30.00

**NOTE:** Please be sure to clean spigot before sampling for bacteria tests with bleach or alcohol, let water run for 2-3 minutes before filling bacteria bottle and then fill chemistry bottles.

<u>Chemical Testing-Inorganic/Nutrients</u>	
Collect in 250 mL or 500 mL Bottle	
Ammonia	\$18.40
Nitrate + Nitrite as N	\$20.00
Phosphate	\$35.00
o-Phosphate	\$16.25
Bromide	\$25.00
Chloride	\$16.25
Fluoride	\$16.25
Sulfate	\$16.25
Sulfide	\$40.00
Alkalinity	\$22.00
TDS/TSS	\$11.10
pH	\$10.00
Conductivity	\$11.00

<u>Metals--\$14.00/each</u>	
Collect in 1 Liter Bottle	
Aluminum	Lead
Antimony	Magnesium
Arsenic	Molybdenum
Barium	Nickel
Beryllium	Potassium
Cadmium	Selenium
Calcium	Silver
Chromium	Sodium
Cobalt	Thallium
Copper	Tin
Iron	Zinc

Collection Order: 120 mL, 250 mL, 500 mL and then 1.0 L

**Domestic Water Analysis-** 13 inorganic parameters and Coliform/E.coli analysis- \$135.00 (includes-Nitrate, Fluoride, Sulfate, Phosphorous, pH, TDS, Conductivity, Calcium, Magnesium, Lead, Copper, Bromide, Chloride, Total Hardness)

**SAMPLE INFORMATION- This must be filled out completely**

Collect Time: \_\_\_\_\_ Collect Date: \_\_\_\_\_ Collected By: \_\_\_\_\_

Company: \_\_\_\_\_ How you want the report: (Email or Mail): \_\_\_\_\_

Sample Source (well, spring, etc): \_\_\_\_\_ Sample Description (kitchen tap, bath tap, etc): \_\_\_\_\_

Address where well is located: \_\_\_\_\_

Send Report to (Email or Address): \_\_\_\_\_

Contact Person & Phone Number: \_\_\_\_\_

PWSID # (If applicable) \_\_\_\_\_

<b>LAB USE ONLY</b>	Date and Time Received _____
Check # and Amount received _____	Initials of person receiving sample: _____