

REQUEST FOR POTABLE WATER ANALYSIS

SAGINAW COUNTY DEPARTMENT OF PUBLIC HEALTH

LABORATORY SERVICES DIVISION

1600 N Michigan Ave, Saginaw, MI 48602

Laboratory Sample ID Number:	Received by:	Received Date/Time:
	Temperature:	

- ✓ Samples are to be submitted to the Laboratory on Mondays, Tuesdays, or Wednesdays before 4 p.m.
- ✓ Please complete all parts of this form. Please do not write on bottles.
- ✓ Samples not properly identified or not having clear test requests MAY NOT be tested.
- ✓ Samples must be less than 24 hours old and kept cool (1°C - 4°C).

TEST REQUESTED: <input type="radio"/> Routine (Coliform/Anion/Cation) <input type="radio"/> Regulatory (Coliform/Anion) <input type="radio"/> Coliform (72 hours) <input type="radio"/> Coliform (24 hours) <input type="radio"/> Quantitative <input type="radio"/> Other: _____ SAMPLE TYPE: <input type="radio"/> Private well <input type="radio"/> Type II <input type="radio"/> Type I <input type="radio"/> Other: _____

REPORT RESULT INFORMATION: (Please Print)	
Report Results To:	Owner's Phone:
Street Address:	WSSN (Type I-II Public Water):
City, State & Zip Code:	

SAMPLE COLLECTION INFORMATION: (Please Print)	
Date Collected:	Time Collected:
System/Owner Name:	System Address:
Township:	County:
Sampling Location:	Collected by:
Collection Method (Please circle correct response): Routine Quarterly Re-sample Well Final Other: _____	
Well Depth- Ft.	Well Diameter- In.
Well Age - yrs.	

COMMENTS:
