

WATER TEST REQUEST COMPLETION

It is important that a WQL test request is completed per sample. Be sure to label the side of the specimen container with the pre-numbered label from the test requisition and complete the required information listed below.

1. **Agency Name**: if not preprinted, complete with your name, address and telephone number.
2. **Sample Address**: Location where the water was collected.
3. **Collection Date**: Write the date the water sample was collected.
4. **Collection Time**: Write the time the water sample was collected.
5. **Sample Source**: Write the water sample source (i.e. kitchen sink, well, etc.)
6. **Collectors Name**: Write the name of person who collected the water sample.
7. **Sample Information**: (Indicate One Only): Softened: Y / N. Place a (X) in the area in front of **Post-Chlorination** if this applies to the water sample collection.
8. **Other Comments**: Check one, as applicable to the water sample collection.
9. **Other Instructions**: Write any order instructions here, such as, call/fax report.
10. **Test Order Section**: Place a (X) next to the water test(s) to be performed on the water sample. If ordering a Lead test, be sure to write the time collected for the 1st and 2nd draw collection in the area provided.

WATER TEST REQUEST



3728881

WATER QUALITY LABORATORY
175 College Street, Battle Creek, MI 49037
Ph: (269) 969-6161 or 1-800-968-3251
LIC#USEPA MI0177

A COMPLETED TEST REQUEST MUST ACCOMPANY EACH WATER SAMPLE

AGENCY NAME: 1 PHONE: _____
Attn: _____

SAMPLE ADDRESS: 2

COLLECTION DATE: 3 COLLECTION TIME: 4 SAMPLE SOURCE: 5

COLLECTOR'S NAME: 6

SAMPLE INFORMATION (INDICATE ONE ONLY): 7 SOFTENED: Y / N _____ POST-CHLORINATION

OTHER COMMENTS 8 Evaluation _____ Well Final _____ Retest _____ Other: _____

OTHER INSTRUCTIONS: 9

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X TEST	CODE#	TEST NAME	REQUIRED KIT	COST
_____	6650	WATER PROFILE I (Coliform P/A, Nitrate)	120 ML STERILE 4-INCH SPECIMEN CONTAINER/SCREW TOP	_____
_____	6660	COLIFORM, P/A	120 ML STERILE 4-INCH SPECIMEN CONTAINER/SCREW TOP	_____
_____	6661	NITRATE	120 ML STERILE 4-INCH SPECIMEN CONTAINER/SCREW TOP	_____
_____	6170	COLIFORM, QUANTITATION	120 ML STERILE 4-INCH SPECIMEN CONTAINER/SCREW TOP	_____
_____	6334	POOL COLIFORM, QUANTITATION	100 ML WHIRL-PAK BAG WITH SODIUM THIOSULFATE TABLET.	_____
_____	6656	SURFACE WATER-E. COLI	120 ML STERILE 4-INCH SPECIMEN CONTAINER/SCREW TOP	_____
_____	6061	ARSENIC	50 ML CONICAL WATER TUBE	_____
_____	6663	LEAD	50 ML CONICAL WATER TUBE	_____
			1st draw collection time: _____	
			2nd draw collection time: _____	
_____	6662	NITRITE	50 ML CONICAL WATER TUBE	_____

Note: The Whirl-pak bag, sodium thio-sulfate tablet, may be required for the coliform test, depending upon the water treatment.

PLEASE REFER TO CURRENT FEE SCHEDULE

Collection Agency Use Only

Sanitarian Instructions: Meet: _____ Phone: _____

Collect: _____ Coliform only:

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	UPI: A110188	UPI: A110188	(Slide)
	ETN: 3728881	ETN: 3728881	3728881

