

## MENTAL HEALTH Kent County Regional Laboratory

## **Request for Water Analysis**

- See back for collection & shipping instructions
- Fee MUST be enclosed or billing information provided
- \*Required Information

Collector Code:	
0-County Personnel	5-Other
1-Water Supply Opera	ator
2-Private Citizen	
3-MDNR	
4-MDA	

PLEASE CHECK THE TEST(S)	Fees As
1	of
REQUESTED	04/01/16
Drinking Water Bacteria (Total Coliform)	\$16.00
Swimming Pool Bacteria (Total Coliform)	\$16.00
Pond, Lake, Stream, or other Surface water	\$19.00
Count for Bacteria	
Automated Partial Chemistry:	\$20.00
Hardness, Sulfate, Iron,	
Nitrate, Nitrite, Fluoride, Chloride	
Lead	\$18.00
Arsenic	\$18.00
Corrosion control (Lead & Copper)	\$26.00

*Sample Source Code:	*Sample Purpose Code:	*Sample Point Code:	
0- Single family dwelling 1- Type I (Community, apartment, subdivision, mobile home park, etc. with 25 or more residents year round) 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) 7- Surface Water- includes bathing beach and wastewater discharge 8- Pool or Spa	0- Routine testing 1- Real estate transaction 2- Repeat sample 3- Construction or New Well 5- Water Quality Problem 9- Other	1- Public System Well 2- Public System Surface Water 3-Untreated Public Distribution 4-Treated Public Distribution 5- Untreated Private Well 6- Treated Softened Private Well 7- Pressure Tank/Plant Tap 9- Other	

Report Results To: Fill In Information Below						
*Name:		*Phone:				
*Street Address:						
*City:	*State:	*Zip Code:				
Is the billing address the same?	YES or NO	If no, please provide in space below.				
Samples received for compliance purposes after the 30 hour specified EPA hold time, will not be tested or charged.  Those samples will receive a report documenting that samples were not tested.						

Please Provide Third Party Billing	Information Below.			
Name:			Phone:	
Street Address:				
City:	State:		Zip Code:	
	THIS AREA IS REQUIRED	BY THE EPA AND MUST BE F	ILLED OUT!	
		*Name of Collector	or:	
*Street Address:		L	*Date Collected:	
*City:	*County:		*Time Collected:	
*Township:	1		Well #:	
WSSN (Water Supply Serial Number)/Pool #:			Site Code:	
1- Kitchen tap 9-Drinking Founts 2- Bathroom tap 10. Milk House	ain		LAB USE ONLY	
3- Sample tap 11. Surface Water		Check #:		
4- Outside tap 12. Other		Cash:		
5- Well head		CC:		
6- Pool		Α	mount received:	
7- Spa		Ir	nitials:	
8-Pressure Tank	T			
Sample Point Bacteria: Sample Point Chemistry:		nemistry:		

## **Collection and Shipping Instructions**

- A. For all testing Complete the *Request for Water Analysis form* (on reverse side) for each set of samples submitted.
- B. Enclose fee (fees are listed on reverse) with sample, testing will not be initiated without payment.
- C. Wash your hands thoroughly with soap and water. Select a clean, cold-water faucet in good working order.
- D. Do not open the bottle until you are ready to collect the sample. DO NOT RINSE THE BOTTLE BEFORE COLLECTING THE SAMPLE! Do not touch the inside of the cap or the bottle.

## Bacteria Remove attachments: aerators (small screen), and hose connections. Disinfect faucet with (Total Coliforms & E.Coli) 2. Allow the water to run at full flow for about 10 minutes (until water is cold). 3. Reduce the flow to avoid splashing, and collect the sample directly into the collection bottle. 100 mL clear bottle with a white DO NOT allow water from the outside surface of the faucet or tap to drip into the bottle. cap, with a seal. Fill the bottle just above the 100 mL line, 100 mL is REQUIRED to perform the testing. Screw Please note: there is a white the cap tight to prevent leakage and return the sample to the laboratory within 30 hours of powder chemical preservative in collection. this bottle. 1. Remove attachments: aerators (small screen), and hose connections. **Partial Chemistry** 2. Allow the water to run at full flow for about 10 minutes (until water is cold). (Water Quality) 3. Collect the sample directly into the collection bottle. DO NOT allow water from the outside surface of the faucet or tap to drip into the bottle. 100 mL cloudy bottle with a black 4. Fill the bottle to the bottom of the bottle neck. Screw the cap tight to prevent leakage. cap, does not have a seal. 5. PARTIAL CHEMISTRY SAMPLES MUST BE SHIPPED OR DELIVERED TO THE LABORATORY IN A **NEVER USE THE BOTTLE WITH THE** COOLER WITH ICE PACKS AND TESTING MUST BE COMPLETED WITHIN 48 HOURS OF PRESERVATIVE FOR TESTING! COLLECTION. The sample must be the FIRST DRAW after the 6 hour waiting period. Do not collect samples Lead after a long weekend or when the faucet has not been used for an extended period. Water MUST NOT BE IN USE FOR 6 HOURS PRIOR TO TESTING (Do not flush toilets, run faucets, or 100 mL amber bottle with a white run appliances). cap 2. Choose a faucet used for drinking i.e. kitchen or bathroom. 3. Collect the sample directly into the collection bottle. Fill the bottle just above the 100 mL line 100 mL is REQUIRED to perform the testing. Screw the cap tight to prevent leakage and return the sample to laboratory within 14 days of collection. **Arsenic** 1. Remove attachments: aerators (small screen), and hose connections. 2. Allow the water to run at full flow for about 10 minutes (until water is cold). 3. Collect the sample directly into the collection bottle. DO NOT allow water from the outside 100 mL amber bottle with a white surface of the faucet or tap to drip into the bottle. cap 4. Fill the bottle to the bottom of the bottle neck. Screw the cap tight to prevent leakage and return the sample to laboratory within 14 days of collection. Samples for Compliance with the Lead and Copper Rule MUST be submitted in a 1000mL **Corrosion Control** collection container. (Lead & Copper) 2. The sample must be the FIRST DRAW after the 6 hour waiting period. Do not collect samples after a long weekend or when the faucet has not been used for an extended period. Water 1000 mL amber bottle with a white MUST NOT BE IN USE FOR 6 HOURS PRIOR TO TESTING (Do not flush toilets, run faucets, or cap run appliances). 3. Choose a faucet used for drinking i.e. kitchen or bathroom. 4. Collect the sample directly into the collection bottle. Fill the bottle just above the 1000 mL line 1000 mL is REQUIRED to perform the testing. Screw the cap tight to prevent leakage and

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Samples can be sent by the company of your choice, samples should not be shipped Thursdays, Fridays or before a holiday.

return the sample to laboratory within 14 days of collection.

Shipping address if using UPS or FEDEX is KCHD-Laboratory

700 Fuller Ave, NE Grand Rapids, MI 49503 Shipping address if using USPS is KCHD-Laboratory PO Box 355 Grand Rapids, MI 49501