



## Kent County Regional Laboratory Request for Water Analysis

- Collection instructions on back
- Fee **MUST** be paid or billing information provided prior to testing
- \*indicates required information

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

**Does this sample contain chlorine? Please check:**

\_\_\_\_\_ **Yes**

\_\_\_\_\_ **No**

**Collector Code:** \_\_\_\_\_

0-County Personnel    6-MDA

1-Water Supply Operator    9-Other

2-MDEQ

3-Private Citizen

5-MDNR

*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 after the EPA specified hold times or without adequate thermal preservation will not be tested. Those samples will receive a report documenting the samples were not tested and the fee refunded.**

**Please Provide Billing Information Below.**

Name:	Phone:	
Street Address:		
City:	State:	Zip Code:

**THIS AREA IS REQUIRED BY THE EPA AND MUST BE FILLED OUT!**

*Collection Location (Business/Owner name)	*Name of Collector:	
*Street Address:	*Date Collected:	
*City:	*County:	*Time Collected:
*Township:	Well #:	

WSSN /Pool #	Site Code:	Please check box if sample was chilled at time of collection <input type="checkbox"/>
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1- Kitchen tap    9-Drinking Fountain 2- Bathroom tap    10. Milk House 3- Sample tap    11. Surface Water _____ 4- Outside tap    12. Other _____ 5- Well head 6- Pool 7- Spa 8-Pressure Tank	<b>LAB USE ONLY</b> <hr/> Check #: <hr/> Cash: <hr/> CC: <hr/> Amount received: <hr/> Initials:                      Temperature:		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Sample Point Bacteria:</td> <td style="width: 50%;">Sample Point Chemistry:</td> </tr> </table>	Sample Point Bacteria:	Sample Point Chemistry:	
Sample Point Bacteria:	Sample Point Chemistry:		

## Collection and Shipping Instructions

<p>A. For all testing Complete the <b>Request for Water Analysis form</b> (on reverse side) for each set of samples submitted.</p> <p>B. Enclose fee (fees are listed on reverse) with sample, testing will not be initiated without payment.</p> <p>C. Wash your hands thoroughly with soap and water. Select a clean, cold-water faucet in good working order.</p> <p>D. Do not open the bottle until you are ready to collect the sample. <b>DO NOT RINSE THE BOTTLE BEFORE COLLECTING THE SAMPLE!</b> Do not touch the inside of the cap or the bottle.</p>	
<p style="text-align: center;"><b>Bacteria (Total Coliforms &amp; E.Coli)</b></p> <p>125 mL clear bottle with a white cap, with a seal. Please note: there is a white powder (Sodium Thiosulfate) chemical preservative in this bottle.</p>	<ol style="list-style-type: none"> <li>1. Remove attachments: aerators (small screen), and hose connections. Disinfect faucet with bleach.</li> <li>2. Allow the water to run at full flow for about 10 minutes (until water is cold).</li> <li>3. Reduce the flow to avoid splashing, and collect the sample directly into the collection bottle. <b>DO NOT</b> allow water from the outside surface of the faucet or tap to drip into the bottle.</li> <li>4. Fill the bottle just above the 100 mL line, 100 mL is <b>REQUIRED</b> to perform the testing. Screw the cap tight to prevent leakage, store at &lt;10°C and return the sample to the laboratory, testing must be started within 30 hours from collection time. <b>For Surface waters, testing must be started within 6 hours from collection time.</b></li> </ol>
<p style="text-align: center;"><b>Partial Chemistry (Water Quality)</b></p> <p>125 mL cloudy bottle with a black cap, does not have a seal. <b><u>NEVER USE THE BOTTLE WITH THE PRESERVATIVE FOR TESTING!</u></b></p>	<ol style="list-style-type: none"> <li>1. Remove attachments: aerators (small screen), and hose connections.</li> <li>2. Allow the water to run at full flow for about 10 minutes (until water is cold).</li> <li>3. Collect the sample directly into the collection bottle. <b>DO NOT</b> allow water from the outside surface of the faucet or tap to drip into the bottle.</li> <li>4. Fill the bottle to the bottom of the bottle neck. Screw the cap tight to prevent leakage.</li> <li>5. <b>SAMPLES MUST BE STORED AT 4°C AND SHIPPED OR DELIVERED TO THE LABORATORY IN A COOLER WITH ICE PACKS. TESTING MUST BE COMPLETED WITHIN 48 HOURS OF COLLECTION.</b></li> </ol>
<p style="text-align: center;"><b>Lead</b></p> <p>125 mL amber bottle with a white cap</p>	<ol style="list-style-type: none"> <li>1. <b>The sample must be the FIRST DRAW after the 6 hour waiting period.</b> Do not collect samples after a long weekend or when the faucet has not been used for an extended period. <b>Water MUST NOT BE IN USE FOR 6 HOURS PRIOR TO TESTING</b> (Do not flush toilets, run faucets, or run appliances).</li> <li>2. Choose a faucet used for drinking i.e. kitchen or bathroom.</li> <li>3. Collect the sample directly into the collection bottle. Fill the bottle just above the 100 mL line 100 mL is <b>REQUIRED</b> to perform the testing. Screw the cap tight to prevent leakage and return the sample to laboratory within 14 days of collection.</li> </ol>
<p style="text-align: center;"><b>Arsenic</b></p> <p>125 mL amber bottle with a white cap</p>	<ol style="list-style-type: none"> <li>1. Remove attachments: aerators (small screen), and hose connections.</li> <li>2. Allow the water to run at full flow for about 10 minutes (until water is cold).</li> <li>3. Collect the sample directly into the collection bottle. <b>DO NOT</b> allow water from the outside surface of the faucet or tap to drip into the bottle.</li> <li>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.</li> </ol>
<p style="text-align: center;"><b>Corrosion Control (Lead &amp; Copper)</b></p> <p>1000 mL amber bottle with a white cap</p>	<ol style="list-style-type: none"> <li>1. Samples for Compliance with the Lead and Copper Rule <b>MUST</b> be submitted in a 1000mL collection container.</li> <li>2. <b>The sample must be the FIRST DRAW after the 6 hour waiting period.</b> Do not collect samples after a long weekend or when the faucet has not been used for an extended period. <b>Water MUST NOT BE IN USE FOR 6 HOURS PRIOR TO TESTING</b> (Do not flush toilets, run faucets, or run appliances).</li> <li>3. Choose a faucet used for drinking i.e. kitchen or bathroom.</li> <li>4. Collect the sample directly into the collection bottle. Fill the bottle just above the 1000 mL line 1000 mL is <b>REQUIRED</b> to perform the testing. Screw the cap tight to prevent leakage and return the sample to laboratory within 14 days of collection.</li> </ol>

Revised 06/2018

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

**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