

**Drinking Water Laboratory**

916 Diana Street Ludington MI 49431

**Hours: Monday through Thursday, 8 a.m. – 4 p.m.**

Phone 231-316-8574 ⚫ Fax 231-845-0438

Email *waterlab@dhd10.org* ⚫

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Water Laboratory Analysis Request** | | | | | | | | | | | | | | | |
| **Sample Collection Information** | | | | | | | | | | | | | | | |
| Business/Home Owner |  | | | | | | County | | | | | | | | |
| System Address |  | | | | | | City | | | | | | ZIP | | |
| Township & Section |  | | | | | | Parcel ID# : | | | | | | | | |
| **Send Report to:** | | | | | | | | | | | | | | | |
| Name |  | | | | | | Phone | | | | | | | | |
| Mailing Address |  | | | | | | City | | | | | | ZIP | | |
| Deliver by *(select one)* | 🞏 Mail | | | | | 🞏 Email | 🞏 Fax  ( ) - | | | | | | | | |
| Sample Point | 🞏 Kitchen Tap | 🞏 Bathroom Tap | | | | | 🞏 Sample Tap  *(raw water)* | | 🞏 Outside Tap | | | | | | 🞏 Pool |
| 🞏 Spa | | 🞏 Other | | | | Explain *Other* | | | | | | | | |
| Source | 🞏 Residential | 🞏 Type I | | | | | 🞏 Type II | | 🞏 Type III | | | | | | 🞏 Surface Water |
| 🞏 Pool/Spa | 🞏 Other | | | | | Explain *Other* | | | | | | | | |
| Does the sample contain chlorine? | | | | | | 🞏 Yes 🞏 No | | | | | | | | |
| Collector | Name | | | | | | | | | | | | | | |
| 🞏 Private Citizen | | | | 🞏 County Personnel | | | 🞏 Water Supply  Operator | | | | 🞏 State Personnel | | | |
| Collection Date | | | | | | Collection Time AM PM | | | | | | | | |
| Test Purpose | 🞏 Routine | | | 🞏 Real Estate  Transaction | | | 🞏 Repeat Sample | | 🞏 Construction/  New Well | | | | | | 🞏 Water Quality  Problem |
| 🞏 DHHS  Inspection | | | 🞏 Other - *Explain* | | | | | | | | | | | |
| Test Requested | 🞏 Bacteriological  Analysis | | | 🞏 Chem Analy.  *(Nitrate)* | | | 🞏 Surface Water (Pond, lake, etc.) | | | **Fee EACH Test** = **$20** | | | | **TOTAL FEE:**  **$** | |
| **PUBLIC** Water System  ONLY | WSSN | | | | | | Source ID/Well # | | | | | | | | |
| Notes/Comments: | | | | | | | | | | | | | | |
| **Water Lab Use** | | | | | | | | | | | | | | | |
| Received | Date | | | | | | Time AM PM | | | | Paid 🞏 | | | | |
| Condition | 🞏 Room Temp | | | 🞏 Chilled | | | 🞏 Frozen | | | | | | | | |
| EHR/ID # |  | | | | | | Received by - *Name* | | | | | | | | |

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**Water Laboratory Collection and Shipping Instructions**

*Please Read Before Collecting Water Samples*

1. Complete the *Water Laboratory Analysis Request* form for each set of samples submitted.
2. Include appropriate fee with sample. See request form for fee schedule.
3. Samples accepted at lab MONDAY through THURSDAY until 4:00 PM.

**BACTERIA SAMPLES**

*(Sealed, sterile clear bottle with white cap; contains preservative)*

* Wash hands prior to taking sample.
* Do not open the bottle until you are ready to collect the sample.
* Do not rinse the bottle. It contains a chemical to neutralize any residual chlorine in the sample.
* Do not touch the inside of the cap or set cap down.
* Select a clean, cold-water faucet and remove attachments such as aerators (small screen), and hose connections, etc.
* Allow water to run for about 10 minutes.
* Reduce flow of water and fill sample container to the **100 mL line on the bottle**. Samples containing less than 100 mL will not be accepted. Replace and tighten cap.
* Transport sample to laboratory within 30 hours of collection.
* **Compliance samples will be rejected if not analyzed within the 30-hour holding period.**
* **SURFACE WATER SAMPLES: Must be received by laboratory within 6 hours of sample collection. Please call laboratory ahead of time to arrange to assure it can be accepted.**

**NITRATE SAMPLES**

*(Opaque bottle with white cap)*

***Samples MUST be mailed or delivered to laboratory in a cooler on ice***

* Flush the sample tap for ten (10) minutes prior to collecting the sample.
* Reduce flow of water and fill sample container to the shoulder of the bottle. Replace and tighten cap and make sure it is not leaking.
* Transport sample to laboratory within 48 hours of collection. **Compliance samples will be rejected if not analyzed within the 48-hour holding period.**

Make Checks Payable to: **DHD#10** 916 Diana Street, Ludington MI 49431