



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 MISSOURI STATE PUBLIC HEALTH LABORATORY
CHEMICAL WATER TEST REQUEST

101 NORTH CHESTNUT STREET, PO BOX 570
 JEFFERSON CITY, MO 65101
 (573) 751-3334
<http://health.mo.gov/lab/index.php>

TEST REQUESTED (Refer to the laboratory website for analytes included in following section)	
<input type="checkbox"/> New Well <input type="checkbox"/> VOCs (Prior approval needed) <input type="checkbox"/> Other <input type="checkbox"/> Minerals, Nutrients, Metals (MNM) <input type="checkbox"/> Lead <input type="checkbox"/> EPA Metals <input type="checkbox"/> Nitrate	Accession Number Barcode (For LAB use only)

COLLECTOR / SAMPLE INFORMATION			
DATE COLLECTED (YYYY/MM/DD)	COLLECTOR LAST NAME, FIRST NAME		
SAMPLE DESCRIPTION (Collection point Ex: sink, outside hydrant, etc)			
COLLECTION LOCATION STREET ADDRESS	CITY	STATE	ZIP CODE

SUBMITTER INFORMATION (RESULTS ARE RETURNED TO THIS ADDRESS)			
SUBMITTING FACILITY (LPHA, BEE, BEHS, ETC)	PROJECT NAME		
SUBMITTER LAST NAME, FIRST NAME	SUBMITTER TELEPHONE NUMBER/EXT		
SUBMITTING FACILITY ADDRESS	CITY	STATE	ZIP CODE

ADDITIONAL INFORMATION			
COLLECTION LOCATION COUNTY	COLLECTION LOCATION GPS LATITUDE	COLLECTION LOCATION GPS LONGITUDE	
COLLECTION LOCATION OWNER LAST NAME, FIRST NAME		COLLECTION LOCATION OWNER TELEPHONE NUMBER	
LOCATION TYPE <input type="checkbox"/> School <input type="checkbox"/> Child Care <input type="checkbox"/> Residence	SAMPLE DRAW <input type="checkbox"/> 1st Draw/Immediate <input type="checkbox"/> Flush <input type="checkbox"/> Other _____		
SUPPLY TYPE <input type="checkbox"/> Private Well - Single Home <input type="checkbox"/> Private Well - Multi Home <input type="checkbox"/> Non-Community Public <input type="checkbox"/> Community Public			
CONSTRUCTION TYPE <input type="checkbox"/> Drilled Well <input type="checkbox"/> Driven Well <input type="checkbox"/> Spring <input type="checkbox"/> Bored/Dug Well <input type="checkbox"/> Other _____			

SUBMITTER COMMENTS

LAB COMMENTS (FOR LAB USE ONLY)