



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 MISSOURI STATE PUBLIC HEALTH LABORATORY  
**BACTERIOLOGY PRIVATE 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**

\$10 Routine Well (Total Coliform and E.coli)\*\*

Non-Drinking Dairy Water

Other \_\_\_\_\_

No Charge Routine Well (MUST CHECK APPROPRIATE NO CHARGE JUSTIFICATION BELOW)

Accession Number Barcode  
(For LAB use only)

**COLLECTOR / SAMPLE INFORMATION (If different from submitter information)**

DATE COLLECTED (YYYY/MM/DD)	TIME COLLECTED (24 HR FORMAT)	BOTTLE NUMBER	COLLECTOR LAST NAME, FIRST NAME	
COLLECTION POINT (ex: sink, outside spigot)		COLLECTION LOCATION NAME		
COLLECTION LOCATION STREET ADDRESS		CITY	STATE	ZIP CODE

**SUBMITTER INFORMATION (RESULTS ARE RETURNED TO THIS ADDRESS)**

SUBMITTING FACILITY 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
SUPPLY TYPE		
<input type="checkbox"/> Non-Community Public <input type="checkbox"/> Community Public <input type="checkbox"/> Private Well - Single Family <input type="checkbox"/> Private Well - Multi Home <input type="checkbox"/> Chill Water		
LOCATION TYPE		
<input type="checkbox"/> Child Care Facility <input type="checkbox"/> Restaurant <input type="checkbox"/> Motel / Resort <input type="checkbox"/> Grocery / Convenience Store <input type="checkbox"/> USDA Inspected <input type="checkbox"/> Non USDA Inspected <input type="checkbox"/> Dairy Plant / Farm		
LOCATION EST NUMBER	CONSTRUCTION TYPE	SEWAGE DISPOSAL
	<input type="checkbox"/> Drilled Well <input type="checkbox"/> Driven Well <input type="checkbox"/> Spring <input type="checkbox"/> Bored/Dug Well <input type="checkbox"/> Other _____	<input type="checkbox"/> City-Sewer <input type="checkbox"/> On-Site
RESAMPLE AFTER TREATMENT	NO CHARGE JUSTIFICATION	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Government <input type="checkbox"/> WIC <input type="checkbox"/> Foster Care <input type="checkbox"/> Head Start <input type="checkbox"/> Child Care <input type="checkbox"/> USDA / Non USDA Inspected	

**\*\*The \$10 handling fee has been waived due to recent flooding.**

**FLOOD**