



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
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COLLECTION POINT (ex: sink, outside spigot)	COLLECTION LOCATION NAME
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COLLECTION LOCATION STREET ADDRESS	CITY	STATE	ZIP CODE
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**SUBMITTER INFORMATION (RESULTS ARE RETURNED TO THIS ADDRESS)**

SUBMITTING FACILITY NAME	PROJECT NAME
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SUBMITTER LAST NAME, FIRST NAME	SUBMITTER TELEPHONE NUMBER/EXT
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SUBMITTING FACILITY ADDRESS	CITY	STATE	ZIP CODE
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**ADDITIONAL INFORMATION**

COLLECTION LOCATION COUNTY	COLLECTION LOCATION GPS LATITUDE	COLLECTION LOCATION GPS LONGITUDE
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COLLECTION LOCATION OWNER LAST NAME, FIRST NAME	COLLECTION LOCATION OWNER TELEPHONE NUMBER
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SUPPLY TYPE

Non-Community Public  
  Community Public  
  Private Well - Single Family  
  Private Well - Multi Home  
  Chill Water

LOCATION TYPE

Child Care Facility  
  Restaurant  
  Motel / Resort  
  Grocery / Convenience Store  
  USDA Inspected  
  Non USDA Inspected  
  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

**\*\*A \$10 handling fee is required at the time of testing. Failure to pay will result in sample being discarded without testing.**