



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		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	

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
	<input type="checkbox"/> Drilled Well <input type="checkbox"/> Driven Well <input type="checkbox"/> Spring <input type="checkbox"/> Bored/Dug Well <input type="checkbox"/> Other _____

SEWAGE DISPOSAL	RESAMPLE AFTER TREATMENT
<input type="checkbox"/> City-Sewer <input type="checkbox"/> On-Site	<input type="checkbox"/> Yes <input type="checkbox"/> No

NO CHARGE JUSTIFICATION

Government     WIC     Foster Care     Head Start     Child Care     USDA/Non USDA Inspected Facility

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

