



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
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SAMPLE DESCRIPTION (Collection point Ex: sink, outside hydrant, etc)

COLLECTION LOCATION STREET ADDRESS	CITY	STATE	ZIP CODE
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SUBMITTER INFORMATION (RESULTS ARE RETURNED TO THIS ADDRESS)

SUBMITTING FACILITY (LPHA, BEE, BEHS, ETC)	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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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 _____
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SUPPLY TYPE

Private Well - Single Home Private Well - Multi Home Non-Community Public Community Public

CONSTRUCTION TYPE

Drilled Well Driven Well Spring Bored/Dug Well Other _____

SUBMITTER COMMENTS

LAB COMMENTS (FOR LAB USE ONLY)
