



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  
<https://health.mo.gov/lab/>

**TEST REQUESTED**

<input type="checkbox"/> \$10 Routine Well (Total Coliform and E. coli)** <input type="checkbox"/> Non-Drinking Dairy Water <input type="checkbox"/> Other _____ <input type="checkbox"/> No Charge Routine Well (MUST CHECK APPROPRIATE NO CHARGE JUSTIFICATION BELOW)	Accession Number Barcode (For LAB use only)
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**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 _____
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SEWAGE DISPOSAL <input type="checkbox"/> City-Sewer <input type="checkbox"/> On-Site	RESAMPLE AFTER TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No
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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.**

