REQUEST FOR WELL WATER TESTING

Name: _____________________________________________________  Phone Number: ________________________

Street Name and Address: _____________________________________

City/Township: _______________________  Zip Code: ____________  Nearest Cross Streets: ______________________________________

Test Requested: □ Bacteriological □ Re-Sample Bacteriological $25.00
                (re-sample at same location) □ Arsenic $20.00
                □ Lead, Copper $28.00
                □ Partial Chemical $20.00
                (includes: chloride, fluoride, hardness, iron, nitrate, nitrite, sodium & sulfate)

                □ Other _______________________ Fee $ ______________

Total Amount Enclosed $ _____________  Make check payable to: Macomb County Health Department

Return this form with payment to the above address. A representative from the Health Department will contact you to schedule an appointment for the water test.

10/16