

Request for Water Test

A) Sample Information: (Please Print)

Person(s) for whom this sample is being tested:

Sample Address:

City: State: Zip:

Sample Date: / / Sample Time: : AM / PM

Collected By: _____ Sample Location: _____ i.e. Kitchen / Bathroom / Outside Faucet / Etc.

Name of Company (if applicable): _____

Remarks: _____

B) Type of Analysis:

Environmental Scan.....
Health Scan
Comprehensive Scan
Standard Scan
Other _____

C) Filtration System:

Filtration System Installed: Yes: No:
Type of System: _____
Type of Well: Shallow (Dug): Drilled:
Unable to Locate Well:

D) Reporting Information:

All reports will be mailed unless otherwise requested

Report to: Person(s) for whom sample is being tested at sample address. Email: _____
 Person(s) at address below My Company Fax: (_____) _____ - _____

Name:

Addr:

City: State: Zip:

Phone: (_____) _____ - _____

E) Method of Payment:

Master Card Visa AmEx (Please Check One)
Card # _____ Check # _____ Cash
Exp Date ____ / ____ Name on Card _____ Paid \$ _____