

Request for Water Test

A) Sample Information: (Please Print Clearly)

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

(Please Print Clearly)

Report to: Person(s) at above sample address.
 Person(s) at address below My Company Fax: (____)____-_____

Name:

Address:

City: State: Zip:

Phone: (____)____-_____

Email: _____

Confirm email: _____

E) Method of Payment:

Master Card Visa Amex (Please Check One)

Card # _____ Check # _____ Cash

Exp Date ____ / ____ Name on Card _____ Paid \$ _____