

W. Douglas Skelton, MD *District Health Director*

LAB # _____

WATER SUBMISSION FORM

Please Note-Retain a copy of this form for your files. Submit one copy per sample.

Name _____

County _____

Mailing address _____

Date _____

City, State, Zip _____

Phone _____

TYPE OF SAMPLE (Circle One):

Household Well

Irrigation Pond

Fish Pond

Irrigation Well

Municipal Water

Other _____

IF THE WATER SOURCE IS A WELL:

Well Depth: _____ ft

Well Casing Diameter _____ in.

What is the end use of the water _____

Briefly describe any problems and/or reasons for testing water:

TEST REQUESTED (Circle all the apply and/or Test Code)

Arsenic

Mercury

Lead

Mercury

Basic Metals (Includes: pH, Aluminum, Antimony, Arsenic, Barium, Cadmium, Chromium, Copper, Lead, Manganese, Mercury, Nickel, Selenium, Silver, Thallium,)

Other _____