# Water Sampling Request Form

(Please print. Complete entire form to avoid a delay.)

**Water well system is serving (*check one*):**

☐ Single Family Dwelling ☐ Type II (business, church, school, park, campground, manufacturing plant)

☐ Duplex/Multi-Family Dwelling ☐ Other, please specify: _____

**Sample Collection Address:**

Parcel / Tax ID #: _____ Subdivision: _____

Street Address: _____ Lot #: _____

City, State & Zip: _____ City/Village/Township: _____

**Contact Information (you will be contacted to schedule an appointment):**

Name: _____ Contact Phone #: _____

**Please send results to:** ☐ check here if same as above

Name: _____

Street Address: _____ Apt or Suite #: _____

City: _____ State: _____ Zip Code: _____

E-mail (optional): _____

**Sample(s) Requested:**

***Samples analyzed by KCHCS Lab***

_____ $22.00 Bacteriological

_____ $22.00 Nitrate

***Samples analyzed by EGLE Lab*** – **Additional tests available per EGLE Testing Fee Schedule**
(Please note, a $40.00 per shipment overnight postage charge is required for tests 32, 36AC, 36CN, 36CNA, 36HA, 36HB, 36 LP, 36PT, 36TO, 36VO, and PFAS, and a $7.00 postage charge for all other tests).

_____ $18.00 Arsenic (other metals available upon request)

_____ $26.00 Lead/Copper for corrosion control

_____ $100.00 Volatile Organic Compounds (36VO)

_____ $_____ _____ (Other, please identify test and fee)

**Fee Total:**

_____ Total Sample Cost from Above

\+ $40.00 Postage – Shipping & Handling **(for EGLE tests 32, 36AC, 36CN, 36HA, 36HB, 36LP, 36PT, 36TO, and 36VO)**

\+ $7.00 Postage – Shipping & Handling **(for all other EGLE Lab samples)**

\+ $120.00 Sample Collection Fee

_____ **Total Cost**

Payment can be made with cash, check (payable to *KCHCS*), or credit card.

**Credit Card Payment:** For secure payment, submit the Credit Card Authorization Form to Kalamazoo County Environmental Health by MAIL only. Please return this form with payment to:

**Mail:** Kalamazoo County Health & Community Services Department
Environmental Health – 311 East Alcott Street, Kalamazoo, MI 49001

**E-mail:** ehincoming@kalcounty.com

Applicant's Signature: _____ Date: _____

Health & Community Services Department
Environmental Health Unit
311 East Alcott Street
Kalamazoo, MI 49001

KALAMAZOO COUNTY GOVERNMENT
Health & Community Services Department

Phone: (269) 373-5337
Web: www.kalcounty.com/eh

# Credit Card Payment Request

**Please fully complete and SIGN this form and send it with the application.**

**Service Requested** _____

**Address of Property** _____

**Service Requested by** _____

**Cardholder's daytime phone number** _____

**Name of Credit Card Holder as it appears on the credit card:**

_____
First Middle Last

**Billing Address:**

_____
Street Address City & State Zip Code

**Costs for services (Environmental Health Unit Fee Schedule), applications, and instructions are located on the Kalamazoo County website at http://www.kalcounty.com/eh/licenses.htm. Costs for services can also be obtained by contacting Environmental Health Unit staff at (269) 373-5210.**

**Please charge the above credit card for the requested service(s).**

**Signature of Card Holder:** _____ **Date:** _____
**Kalamazoo County HCS EH, 311 East Alcott Street, Kalamazoo, MI 49001**

**This shaded area is for office use only.**

**____ Phone ____ Mail EH Staff Initials** _____ **Date** _____

**Authorization #** _____ **Dollar Amount $**_____

**Credit Card Number:** ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

**V-Code:** ___ ___ ___ The V-Code is the last 3 digits on the signature panel.

**Expiration Date (Month & Year):** ___ ___/___ ___ **MC** ☐ **Visa** ☐

**Discover** ☐ **AmEx** ☐

Environmental Health Unit Phone: (269) 373-5210
Web: www.kalcounty.com/eh