MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

CHEMICAL WATER TESTING

Save Print Reset

FOR DRINKING WATER ONLY

SAMPLES SUBMITTED WITHOUT COLLECTION DATE WILL NOT BE TESTED

SAMPLE SUBMITTED BY (MUST BE AN ENVIRONMENTAL PUBLIC HEALTH SPECIALIST)				TELEPHONE NUMBER
MAILING ADDRESS				
COUNTY	CITY		STATE	ZIP CODE
SAMPLE COLLECTED BY				DATE COLLECTED
LOCATION OF SAMPLE COLLECTION TOWNSHIP: RANGE: SECTION: GPS LAT/LONG OR UTM:				POINT OF SAMPLE COLLECTION
NAME/LOCATION				
ADDRESS				

SUPPLY TYPE

☐ PRIVATE ☐ NON COMM. PUBLIC ☐ PUBLIC SUPPLY ☐ OTHER _____ SPECIFY

BRIEF DESCRIPTION OF PROBLEM/REASON TESTING BEING REQUESTED

TESTS REQUESTED

ADDITIONAL COMMENTS

FOR LABORATORY USE ONLY

REC	BY	REPT	BY	LOG NO.