

PRIVATE WELL TESTING – CLIENT INFORMATION

Name and _____

Sample Taken:

Address _____

Date: _____

Time: _____ am or pm

Sample Location: Same as Above _____

Homeowner: _____

Other: _____

Telephone Number: _____

(Street, City, State, Zip)

Source ID: _____

(i.e. Kitchen Sink etc.)

How would you like to receive your report?

Mail _____ Email _____

E-mail address: _____

Additional Information:

Sample Source: City _____ Drilled Well _____ Pond _____ River _____

Color of Water: Rusty _____ Milky _____ Clear _____ Other _____

Type of Conditioner: None _____ Softener _____ pH _____ Radon _____

Real Estate Transfer: _____

(Must be taken by ECL personnel)

Laboratory Use Only: ECL Sample Number _____ Analysis Required: _____

Date/Time Received: _____ within Holding Time Y/N

Samples Chilled/Split & Preserved on receipt: Y/N

Payment Rec'd: Y _____ N _____ Amount \$ _____ Cash _____ Ck# _____ CC: _____

Visa/MasterCard# _____ Exp. Date _____

HOURS: 9:00am – 5:00pm (Monday – Friday)

Payment is REQUIRED at Time of Sample Submittal!

Bacteria samples submitted on Fridays or the day before a holiday will be subject to a \$50.00 surcharge!