



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 MISSOURI STATE PUBLIC HEALTH LABORATORY  
**BACTERIOLOGY PRIVATE WATER TEST REQUEST**

101 NORTH CHESTNUT STREET, PO BOX 570  
 JEFFERSON CITY, MO 65101  
 (573) 751-3334  
<http://health.mo.gov/lab/index.php>

TEST REQUESTED	
<input type="checkbox"/> \$10 Routine Well (Total Coliform and E.coli)** <input type="checkbox"/> Non-Drinking Dairy Water <input type="checkbox"/> Other _____ <input type="checkbox"/> No Charge Routine Well (MUST CHECK APPROPRIATE NO CHARGE JUSTIFICATION BELOW)	<b>Accession Number Barcode</b> (For LAB use only)

COLLECTOR / SAMPLE INFORMATION (If different from submitter information)			
DATE COLLECTED (YYYY/MM/DD)	TIME COLLECTED (24 HR FORMAT)	BOTTLE NUMBER	COLLECTOR LAST NAME, FIRST NAME
COLLECTION POINT (ex: sink, outside spigot)		COLLECTION LOCATION NAME	
COLLECTION LOCATION STREET ADDRESS		CITY	STATE      ZIP CODE

SUBMITTER INFORMATION (RESULTS ARE RETURNED TO THIS ADDRESS)			
SUBMITTING FACILITY NAME		PROJECT NAME	
SUBMITTER LAST NAME, FIRST NAME		SUBMITTER TELEPHONE NUMBER/EXT	
SUBMITTING FACILITY ADDRESS		CITY	STATE      ZIP CODE

ADDITIONAL INFORMATION		
COLLECTION LOCATION COUNTY	COLLECTION LOCATION GPS LATITUDE	COLLECTION LOCATION GPS LONGITUDE
COLLECTION LOCATION OWNER LAST NAME, FIRST NAME		COLLECTION LOCATION OWNER TELEPHONE NUMBER
SUPPLY TYPE <input type="checkbox"/> Non-Community Public <input type="checkbox"/> Community Public <input type="checkbox"/> Private Well - Single Family <input type="checkbox"/> Private Well - Multi Home <input type="checkbox"/> Chill Water		
LOCATION TYPE <input type="checkbox"/> Child Care Facility <input type="checkbox"/> Restaurant <input type="checkbox"/> Motel / Resort <input type="checkbox"/> Grocery / Convenience Store <input type="checkbox"/> USDA Inspected <input type="checkbox"/> Non USDA Inspected <input type="checkbox"/> Dairy Plant / Farm		
LOCATION EST NUMBER	CONSTRUCTION TYPE <input type="checkbox"/> Drilled Well <input type="checkbox"/> Driven Well <input type="checkbox"/> Spring <input type="checkbox"/> Bored/Dug Well <input type="checkbox"/> Other _____	SEWAGE DISPOSAL <input type="checkbox"/> City-Sewer <input type="checkbox"/> On-Site
RESAMPLE AFTER TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	NO CHARGE JUSTIFICATION <input type="checkbox"/> Government <input type="checkbox"/> WIC <input type="checkbox"/> Foster Care <input type="checkbox"/> Head Start <input type="checkbox"/> Child Care <input type="checkbox"/> USDA / Non USDA Inspected Facility	

~~\*\*A \$10 handling fee is required at the time of testing. Failure to pay will result in sample being discarded without testing.~~