



## Bacteriological Water Testing Application

***\*\*This document exclusively applies to new, contract only water collectors who have not previously designated payment details with the laboratory\*\****

### Owner/Submitting Agency

Company: _____
Contact Name: _____
Address:
Street: _____
City: _____ State: _____ Zip: _____
Phone #: _____
Email Address: _____
Fax #: _____

### Site Address

<b><i>**Leave blank if owner/submitting agency is the same as above**</i></b>
Location Description: _____
Address:
Street: _____
City: _____ State: _____ Zip: _____

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

[Click here to submit completed form to Public Health Lab](#)

### LABORATORY USE ONLY

Frequency: _____
Start Date: _____
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No