

MACOMB COUNTY HEALTH DEPARTMENT  
43525 ELIZABETH ROAD, MOUNT CLEMENS, MI 48043-1078  
Phone: (586) 469-5236

**REQUEST FOR WELL WATER TESTING**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Name and Address: \_\_\_\_\_

City/Township: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Nearest Cross Streets:

**Return this form with payment to the above address. A representative from the Health Department will contact you to schedule an appointment for the water test.**

- Test Requested:
- |   |              |   |  |
|---|--------------|---|--|
| <input type="checkbox"/> Bacteriological  | \$25.00      | <input type="checkbox"/> Arsenic          | \$20.00  |
| <input type="checkbox"/> Re-Sample Bacteriological<br><i>(re-sample at same location)</i> | \$25.00      | <input type="checkbox"/> Partial Chemical | \$20.00<br><i>(includes: chloride, fluoride, hardness, iron, nitrate, nitrite, sodium &amp; sulfate)</i> |
| <input type="checkbox"/> Lead, Copper   | \$28.00      |   |  |
| <input type="checkbox"/> Other _____  | Fee \$ _____ |   |  |

**Total Amount Enclosed \$ \_\_\_\_\_** *Make check payable to: Macomb County Health Department*