

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: \_\_\_\_\_ Email \_\_\_\_\_  
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<br><i>(includes: chloride, fluoride, hardness, iron, nitrate, nitrite, sodium &amp; sulfate)</i> | \$20.00  |
| <input type="checkbox"/> Lead, Copper   | \$28.00 | <input type="checkbox"/> Volatile Organics   | \$102.00 |
| <input type="checkbox"/> Other:   |         |  |          |

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