

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

REQUEST FOR WELL WATER TESTING

I hereby request a well water test to be taken at the following location:

Name: _____ Date: _____

Address: _____
Street Number/Name City/Township Zip

Daytime Phone Number: _____ Nearest Cross Streets: _____

- Test Requested:
- Bacteriological \$18.00
 - Arsenic \$20.00
 - Partial Chemical \$20.00
(includes: chloride, fluoride, hardness, iron, nitrate, nitrite, sodium & sulfate)
 - Other _____ Fee \$ _____

Amount Enclosed \$ _____ **Make check payable to: MACOMB COUNTY HEALTH DEPARTMENT**
Return this form with payment to the above address. Once received, you will be contacted to schedule an appointment.