

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 | \$18.00 | <input type="checkbox"/> Arsenic | \$20.00 |
| <input type="checkbox"/> Re-Sample Bacteriological
<i>(re-sample at same location)</i> | \$18.00 | <input type="checkbox"/> Partial Chemical | \$20.00
<i>(includes: chloride, fluoride, hardness, iron, nitrate, nitrite, sodium & sulfate)</i> |
| <input type="checkbox"/> Other _____ | Fee \$ _____ | | |

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