

Mat-Su Test Lab, LLC

Water Quality Testing



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Name:	
Mailing Address:	
Phone#: Results/Invoice (Please choose at least one):	PUBLIC WATER SYSTEM (PWS) ID#: **Information needed for DEC, from your monitoring summary**
Email: Fax: Hard Copy (To be mailed to address listed above)	Facility ID: Sample Pt. ID: Circle One: Routine Test / Repeat Test / Special Purpose
Analysis Requested:	
Legal Description: Sample Site Location: (I.E. – mechanical room, kitchen sink, well house, bathroom sink)	
Date Sampled:Sa	mpled By:Delivered By:
Received:	By: Lab #:
Temperature: °C	Preserved: Yes or No
Cooling Media Present: Yes or No	