



Mat-Su Test Lab, LLC

Water Quality Testing



Mile 3.2 Palmer-Wasilla Highway
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Fax: (907) 745-3010

Name: _____ PWSID# (If Applicable): _____

Mailing Address: _____

Phone#: _____

Results/Invoice (Please choose at least one): Email: _____

Fax: _____ Hard Copy (To be mailed to address listed above)

Analysis Requested: _____

Legal Description: _____

Sample Site Location: _____
(I.E. – mechanical room, kitchen sink, well house, bathroom sink)

Date Sampled: _____ Time Sampled: _____ Sampled By: _____ Delivered By: _____

I Received : _____ By: _____ Lab #: _____

Temperature: _____*C

Preserved: Yes or No

Cooling Media Present: Yes or No