

To order a drinking water test kit please follow the directions below.

1. Fill out a copy of this form
2. Mail a check or money order (made out to "Scott County") along with this completed form to
 Scott County - Environmental Services Dept.
 200 4th Ave W
 Shakopee, MN 55379-1220
3. After purchasing your test kit(s), you will receive procedures for collecting your water samples.
 With any questions call Scott County Environmental Services 952-496-8177

MINNESOTA VALLEY TESTING LABORATORIES
Minnesota Dept of Health Accredited Laboratory (MN-ELAP)
MN-ELAP Number: 027-015-125
Phone Number 800-782-3557

Client Name: _____	Sample ID: _____ <i>(Leave blank)</i>
Sampling Address: _____	_____
City & Zip: _____	Sample Date: _____
Phone: _____	Sample Time: _____
Email: _____ <i>(Test results will be sent to this email)</i>	Sample Location: _____ <i>(i.e.. Outside spigot)</i>
Mailing address: _____ <i>(if different from sampling)</i>	Sample Reason: _____ <i>Please indicate above if for daycare or foster care</i>

ANALYSIS REQUESTED

Coliform/Nitrate samples must arrive at the lab within 30 hours of the time of sampling. *Please collect sample Wednesday morning and deliver to Environmental Services by noon to meet this holding time.*

Parameters	Bottles Needed	Price	Laboratory ID #
<input type="radio"/> Coliform Bacteria/Nitrate+Nitrite	2) 125 Sterile bottles	\$34.50	
<input type="radio"/> Fluoride	1) 125 Sterile bottle	\$20.00	
<input type="radio"/> Manganese	1) 500 ml unpreserved	\$19.50	
<input type="radio"/> Arsenic	1) 500 ml unpreserved	\$19.50	
<input type="radio"/> Lead	1) liter unpreserved	\$19.50	

The Environmental Services Department can no longer sell water test kits in person. Test kit purchase forms must be sent in via mail. Once processed, test kits will be mailed to your address indicated on the form and will also include Instructions on how to fill your samples and on how to drop them off for collection.

LABORATORY USE ONLY

Temperature of Samples: _____	Date: _____	Time: _____	Initials: _____
Technician Use Only:			
Date Requested: _____	Date Required: _____		
Collected By: _____	Time: _____	Date: _____	Location of Faucet: _____