

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 Treasurer") 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.

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

Due to Covid-19, our operating procedures have temporarily changed. Test kit purchase forms must be sent in via mail. Once processed, test kits will be mailed to your address indicated on the form. Our prices have changed to accommodate these new procedures. Once you receive your test kit, please follow the instructions and procedures carefully as the process has changed.

LABORATORY USE ONLY

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