



314 Charles Street
 Brainerd, MN 56401
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On-site Water Sampling Request Form

Fill out sheet **completely** and email back to us.

Ordered By:	From:	Date:
Phone # for Above:	Cell:	Closing Date:
Email:	Billed <input type="checkbox"/> or Prepaid <input type="checkbox"/> by:	
Mailing Address:	Billing Address (if different):	
Buyer/Seller/Name:	Phone # of Residence:	
Property Address:	Any animals we need to worry about:	
Lock Box # / Location of Key/Lock Box / # to call to get in:		
Someone meeting us there <input type="checkbox"/> Yes or <input type="checkbox"/> No, if yes who:		
Additional Info:		

Is home vacant: Yes or No Water needs to be flushed if home has been sitting for a long time - call for instructions.

Is water on: Yes or No Water needs to be on before we go sample.

- Test Requested:
- Total Coliform Bacteria/E. coli () **Rush Coliform and/or Nitrate** – Next day
 - Nitrate
 - Nitrite
 - Nitrate + Nitrite (NO₂ + NO₃)
 - Lead () **Rush Lead** – 3 business days
 - Arsenic () **Rush Arsenic** – 3 business days
 - Other _____

Other fees: Sampling fee is a minimum of \$70.00 for under an hour of travel time and anything more than an hour is rounded up to the nearest quarter hour at \$70.00/hour. Standard turn around time is approximately 5-10 business days. If you would require results quicker, please make sure to check a rush box above.

Hard copy requested? Yes No Mailing address below:

Send electronic copy of results:

Name:	Email:
Address:	Email:
	Email:

On-site water testing may need to be prepaid by the buyer, seller, or Realty Company. Please call for a quote.

By signing below, you agree to the following: to pay upfront for all sampling and analysis fees based on tests requested and sampling time, that the proper flushing and first draw sampling requirements for lead are followed per A.W. Research Laboratories, Inc. instructions and that A.W. Research Laboratories, Inc. is unable to reproduce any report, except in full.

Signature _____ Printed _____ Date _____

Lab Code #:	FOR OFFICE USE ONLY				
Scheduled Date/Time:	@	Received Date/Time:	@		
Sampled Date/Time:	@	Received Temp:	°C	On ice: Yes / No	Therm. ID#
Sample Location:		Lead / Arsenic	AUR pH<2.0	ID#	
Sampler Name:		Technician Fee:	_____ Hours	X \$70.00	\$
Residual Chlorine:	mg/L ID#	Payment Method:		Testing Fee =	\$
Notes:		Credit Card / Check# _____ / Cash		TOTAL COST:	\$
		Prepaid By:			