

Mission Mountain Laboratories

PO Box 606
Arlee, MT 59821
406-726-5227

Water Testing---Order Form

Please read sampling instructions before collecting sample

Circle tests that you would like done on your well

Bacterial

Coliform/E.coli \$18.50
Heterotrophic Count \$19.00

Metals--\$10.70/each

Aluminum Magnesium
Antimony Molybdenum
Arsenic Nickel
Barium Potassium
Beryllium Selenium
Cadmium Silver
Calcium Sodium
Chromium Thallium
Cobalt Tin
Copper Titanium
Iron Vanadium
Lead Zinc

Chemical Testing-Inorganic/Nutrients

Ammonia \$18.40
Nitrate + Nitrite as N \$16.25
o-Phosphorous \$14.50
Bromide \$14.50
Chloride \$14.50
Flouride \$14.50
Sulfate \$14.50
Sulfide \$41.92

Sample Collection Instructions:

NOTE: Bacterial samples **must reach within 30 hours of collection time** . Check your post office for the best mailing times. Keep sample cool after collection, do not leave in a hot car

1. Remove screen from water faucet (if you have one)- Also if you have a water softener, please collect sample from spigot that is not connected to softener.
2. Clean the inside & outside of faucet with bleach solution or isopropyl alcohol
3. If collecting for lead, collect first water out of tap, otherwise run the water for 2-3 minutes to clean out lines
4. Reduce the water flow to about pencil size.
5. Carefully remove the top from the 100ml bacteria collection bottle, place cap face up on a clean paper towel or tissue. Do not touch the inside of the cap or bottle
6. Without rinsing the bottle, fill it to the top- Leave the pill or powder in the bottom
7. Cap the bottle firmly, mark your name and the sample ID on the bottle with a waterproof pen
8. Fill the 250ml bottle to the neck in the same manner, this bottle doesn't contain a pill or powder
9. Fill out paperwork completely and accurately, please include a check for the cost of samples and return the bottles in envelope or jar that is provided

SAMPLE INFORMATION- This must be filled out completely

Collect Time:_____ Collect Date:_____ Collected By:_____

Sample Description (kitchen tap, bath tap, etc):_____

Sample Source (well, spring,etc):_____

Address where well is located:_____

Send Report to:_____

Contact Person & Phone Number:_____

PWSID # (If applicable)_____

FOR LAB USE ONLY

Date and Time Received_____ Check # and Amount received_____
Initials of person receiving sample:_____