

**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

<b>Client Name:</b> _____	<b>Sample ID:</b> _____ <i>(Leave blank)</i>
<b>Sampling Address:</b> _____	_____
<b>City &amp; Zip:</b> _____	<b>Sample Date:</b> _____
<b>Phone:</b> _____	<b>Sample Time:</b> _____
<b>Email:</b> _____ <i>(Test results will be sent to this email)</i>	<b>Sample Location:</b> _____ <i>(i.e.. Outside spigot)</i>
	<b>Sample Reason:</b> _____ <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	

*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**

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