

### Lab Order Form for Private Well Water

OFFICE USE ONLY		
PWO DATE RECEIVED: _____	TIME RECEIVED: _____	RECEIVED BY: _____

Lab ID Office use only
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Please print all information clearly so the lab can give you accurate results. If you are collecting samples at more than one location, complete a separate form for each location.

#### 1 Customer ID

First and Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

#### 2 Location where sample collected (write Same if same as mailing address)

STREET address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Collection \_\_\_\_\_ Time of Collection \_\_\_\_\_

Where was sample collected? Check which one.

kitchen tap    basement tap    outdoor tap    other \_\_\_\_\_

■ Do you have a treatment system?    Yes    No    Don't Know

■ If yes, were the water samples you collected treated by this treatment system?    Yes    No

■ Have you noticed any problems with your water? \_\_\_\_\_

#### 3 Private Well Water Test Kits

Check the water test kit you have used. For individual water tests, go to section 4

Annual Test Kit.                      Cost: \$95

3 – 5 Year Test Kit.                      Cost: \$280

5 – 10 Year Test Kit.                      Cost: \$410                      Check Number \_\_\_\_\_

➔ Payment and drop-off instructions: See sections 5 and 6 on reverse side ➔

#### Questions?

Contact: Private Well Program, Center for Drinking Water Quality, Rhode Island Department of Health  
Email: [DOH.RIDWQ@health.ri.gov](mailto:DOH.RIDWQ@health.ri.gov); Tel: (401) 222-5960, ask to be connected to the Private Well Program.



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### 4 Individual Tests

Use the chart below **ONLY** if a water expert has told you specific tests to order. Otherwise, go to section 5

Check the box and write the cost for each test you are requesting.

Tests marked with \* require special containers. The lab provides these.

✓	Test	Lab Test Code	Cost	Write Cost Here
	Alkalinity	WL18	\$10.00	
	Antimony*	WL75	\$20.00	
	Arsenic*	WL76	\$20.00	
	Barium*	WL77	\$20.00	
	Beryllium*	WL78	\$20.00	
	Cadmium*	WL79	\$20.00	
	Calcium*	WL72	\$20.00	
	Chloride	WL20	\$18.00	
	Chromium*	WL81	\$20.00	
	Coliform Bacteria	SM34	\$25.00	
	Color	WL4	\$ 5.00	
	Copper*	WL64	\$20.00	
	Fluoride	WL21	\$18.00	
	Hardness	WL22	\$20.00	
	Iron*	WL82	\$20.00	
	Lead*	WL63	\$20.00	
	Magnesium	WL69	\$20.00	
	Manganese*	WL83	\$20.00	
<b>SUBTOTAL</b>				

✓	Test	Lab Test Code	Cost	Write Cost Here
	Mercury*	WL36	\$35.00	
	Nickel*	WL84	\$20.00	
	Nitrate/ Nitrate	WL16/56	\$30.00	
	pH	WL13	\$10.00	
	Potassium	WL70	\$20.00	
	Selenium*	WL85	\$20.00	
	Silver*	WL86	\$24.00	
	Sodium	WL71	\$20.00	
	Specific Conductance	WL41	\$15.00	
	Sulfate	WL29	\$20.00	
	Thallium*	WL87	\$24.00	
	Total Dissolved Solids	WL05	\$15.00	
	Turbidity	WL01	\$15.00	
	VOCs, TPH, and MtBE*	TO4	\$130.00	
	Zinc*	WL88	\$16.00	
<b>SUBTOTAL</b>				

### 5 Payment

- Test Kit Cost from side 1 \$ \_\_\_\_\_
- Total Individual Test Costs from this side \$ \_\_\_\_\_
- TOTAL AMOUNT \$ \_\_\_\_\_
- Check Number \_\_\_\_\_

### 6 Drop Off Instructions

**Step 1: Check Section 1 of this form** to be sure it's clear and complete.

**Step 2: Gather together:**

- ✓ The cooler with your water sample
- ✓ This form
- ✓ Your check or money order made out to "The General Treasurer, State of RI"

**Step 3: Bring your samples, paperwork, and payment to**

the State Health Laboratories at 50 Orms Street, Providence, RI 02904 **Free Parking!**

**The lab accepts samples between 8:30 am and 4:30 pm, Monday – Thursday.**

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