



Brainerd, MN
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On-site Water Sampling Request Form

Fill out sheet **completely** and fax, email or mail back to us.

Ordered By: _____ From: _____ Date: _____
 Phone # for Above: _____ Cell: _____
 Email: _____

Buyer/Seller/Property Name: _____ Closing Date: _____
 Property Address: _____

Phone # of Residence: _____ **Payment will be taken care of by:** _____
 Lock Box # / Location of key / # to call to get in: _____

Directions to Property from Brainerd Airport (or attach MLS sheet):

Is home vacant: Yes No Water needs to be flushed if home has been sitting for a long time - call for instructions.
 Is water on: Yes No Water needs to be on before we go sample.

- Test Requested:
- () Total Coliform Bacteria \$22.00
 - () E.coli bacteria Free with coliform
 - () Nitrate \$21.00
 - () Nitrite \$21.00
 - () Nitrate + Nitrite (NO₂ + NO₃) Free with Nitrate and Nitrite
 - () Lead \$27.00 () Rush – 3 business days (Additional \$54.00)
 - () Other _____

Other fees: Sampling fee is a minimum of \$65.00 for under an hour of travel time and anything more than an hour is rounded up to the nearest quarter hour at \$65.00/hour. Standard turn around time is approximately 2 weeks if lead is requested. If you would require results quicker, please make sure to check a rush box above.

Send hard copy of results:

Name: _____
 Address: _____

Send electronic copy of results:

Email: _____

Other: _____

On-site water testing needs 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:	@	Sample Location:			
Sampled Date/Time:	@	Sampler:			
Received Date/Time:	@	Sampling Time:	TOTAL COST:		
Receiving Temp:	°C	Type:	Blue – Ice - Ambient	Therm ID#:	
Residual Chlorine:	mg/L	Prepaid by:			
Chlorine ID#		Amount:	Check #:		