

Tel: (315) 792-0301
Fax: (315) 792-5201



- Cash
- Check No. _____
- Credit
- To Be Billed

REQUEST FOR LEAD AND COPPER TEST

Page ___ of ___

Name: _____ Phone # _____ Fax # _____

Client Address: _____

Client E-mail: _____

Sample Address (if different): _____

Sample Point: _____ Sample Date: _____ Sample Time: _____
(e.g. kitchen sink, bathroom faucet)

Send report via: Mail E-mail Fax Pick-up

Send to: _____

Required by NYS Health Dept.? Yes No PWS#: _____

Sampler's signature: _____

(FOR LAB USE ONLY - TEST RESULTS RELATE ONLY TO THE SAMPLE AS IT WAS RECEIVED BY THE LABORATORY)

- Date Received _____ Time Received _____ Initials _____
 - Sample Preservation Y Type _____ N
 - Minimum Sample Volume Requirement Met Y N
 - Sample Chilled Upon Lab Receipt Y N
- Date Sent to Lab _____ Initials _____
- Date Report Received _____ Initials _____
- Date Resulted _____ Initials _____
- Date Reported to Client _____ Initials _____

LABORATORY RESULTS

Total Lead _____ ug/L or ppb Method _____

Total Copper _____ ug/L or ppb Method _____

Other (record units) _____ Method _____

Mohawk Valley Water Authority
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USEPA ID#: NY01505 New York State ELAP ID#: 10319 Pennsylvania DEP ID#: 68-03428

MEMBER OF: