WATER TEST KIT ORDER

State Form 46270 (R4 / 7-11)
Approved by State Board of Accounts, 2011

FOR ISDH USE ONLY

Date Received *(m/d/y)* _____

Approved Date *(m/d/y)* _____

Payment _____

Facility/Name Jon Doe **PWS ID Number _____

Telephone (812) 235-0000 Contact Jon Doe

Street Address 147 Oak St. County Vigo

City Terre Haute, IN 47807 - _____ (9 Digit Zip)

The fee for bacteriological testing and chemical (total nitrate-nitrite/fluoride/sodium/nitrite) testing of drinking water for private individuals is $10.00 for each test. The fee for the bacteriological testing of swimming pool water is $15.00. **PRE-PAYMENT REQUIRED.**

Are you a state owned facility? ☐ Yes ☒ No

Please indicate the number of test kits you need next to your facility type and under your sample type so that the correct paid forms will be enclosed with your test kit. There is no charge (n/c) for Fluoride testing for municipalities and schools.

	Bacteriology Sample Kit	Total Nitrate-Nitrite Sample Kit	Fluoride/Sodium Sample Kit	Nitrite Sample Kit	Total Kits
Private Individual/Business ($10.00)	1				
Municipal Water Supply ($10.00)			(n/c)		
Business ($10.00)					
Mobile Home Park ($10.00)					
School ($10.00)			(n/c)		
Other ($10.00)					
Foster Home ($10.00)					
Bottled Water/Ice Processor ($10.00*)					
Food/Frozen Food Processor ($10.00*)					
Realtor/Inspection Company ($10.00)					
Bathing Beach/Lake Water ($10.00*)					
Swimming Pool/Pool Water ($15.00)					
State Facility/Health Official (No Fee)					
State Facility-Swimming Pool/Pool Water (No Fee)					

*Charge applies when submitted by the business.

**Public Water System assigned seven digits.

a) Total number **pre-paid** sample test kits 1 x **$10.00** each = $ 10.00

b) Total number **pre-paid** (Swimming Pool) sample test kits _____ x **$15.00** each = $ _____

c) **Plus** Shipping and Handling Fee for entire order (mail order only) **$6.50**

d) Total **no charge** (fluoride/sodium) sample kits _____ (*no shipping & handling fee for Municipal Water Supply*)

e) P.O. _____ (*Water Utilities Only*) **TOTAL COST** $ 16.50

Please make check or money order (*no cash please*) payable to Indiana State Department of Health and mail or bring to:

ISDH Laboratories – Attn: Containers
550 W. 16th Street, Suite B
Indianapolis, IN 46202
(317) 921-5874