

# AGRICULTURE / IRRIGATION WATER ANALYSIS SUBMITTAL FORM

Alliance Analytical Laboratories, Inc.  
 179 West Randall Street  
 Coopersville, MI 49404  
 MDEQ Laboratory No. 9907

<p><b>For Lab Use Only</b></p> <p>Date Received _____</p> <p>Time Received _____</p> <p>Temperature _____</p> <p>Initials _____</p>	<p><b>For Lab Use Only</b></p> <p style="text-align: center;"><u>Nitrate/Nitrite Samples ONLY</u></p> <p>Sampled 0-24 hours ago: On ICE? Y / N</p> <p>Sampled 25-47 hours ago: must be 33.8°-42.8°F</p>
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<p><b>Sample Source – Check One</b></p> <p><input type="checkbox"/> Well for Irrigation, Frost Control, and Spray Application</p> <p><input type="checkbox"/> Surface Water for Irrigation (Includes Bathing Beach and Wastewater Discharge, River, Pond)</p> <p><input type="checkbox"/> Single Family Dwelling, Migrant Housing (Drinking Water)</p> <p><input type="checkbox"/> Hand Washing (Portable or Stationary)</p> <p><input type="checkbox"/> Other (describe) _____</p>	<p><b>Sampling Purpose – Check One</b></p> <p><input type="checkbox"/> Routine Monitoring</p> <p><input type="checkbox"/> Irrigation and Frost Protection Only</p> <p><input type="checkbox"/> Spray Application Only</p> <p><input type="checkbox"/> Mixed Use Including Drinking</p> <p><input type="checkbox"/> Migrant Housing</p> <p><input type="checkbox"/> Other (describe) _____</p> <p><b>Sample Point of Origin – Check One</b></p> <p><input type="checkbox"/> Kitchen Tap      <input type="checkbox"/> Creek / River</p> <p><input type="checkbox"/> Pond / Lake      <input type="checkbox"/> Well Number: _____</p> <p><input type="checkbox"/> Other (describe) _____</p>
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<p><b>Billing Information</b></p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip Code _____</p> <p>Phone Number _____</p> <p>Email _____</p>	<p><b>Mail Information (If Different from Billing Information)</b></p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip Code _____</p> <p>Phone Number _____</p> <p>Email _____</p>
<p>Results to be sent to County Health Department? Circle Below</p> <p>Ottawa      Muskegon</p> <p>Kent      Allegan</p>	

<p><b>Sample Collection Information</b></p> <p>Address of Collection Site _____</p> <p>Name of Person Collecting _____</p>	<p><b>Date Collected</b></p> <p>_____</p>	<p><b>Time Collected</b></p> <p>_____</p>
<p><input type="checkbox"/> Private Citizen      <input type="checkbox"/> MDEQ Staff      <input type="checkbox"/> Licensed Water Supply Operator</p> <p><input type="checkbox"/> County Personnel      <input type="checkbox"/> MDA Staff      License Number _____</p>		

**Analyze the sample even if EPA-specified hold times OR temperature requirements\* have been exceeded:**

\*Signing here means you understand your sample may not be accepted by regulatory bodies.  **Customer Initials and Date**

<p><b>Test Request Information</b></p> <p><input type="checkbox"/> Drinking Water / Hand &amp; Equipment Washing / Processing Water</p> <p><input type="checkbox"/> Drinking Water Retest</p> <p><input type="checkbox"/> Irrigation Water: EPA 1603</p> <p style="padding-left: 20px;"><input type="checkbox"/> Please Indicate if you would like any positive result confirmed</p> <p><input type="checkbox"/> Nitrate / Nitrite</p>	<p><b>Coliform/E.coli</b></p> <p><b>Coliform/E.coli</b></p> <p><b>Total E.coli</b></p> <p><b>E.coli Confirmation</b></p> <p><b>Partial Chemistry</b></p>
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**EPA Maximum Hold Times**  
 Drinking Water E.coli / Coliform: 30 hours from time taken  
 Irrigation E.coli / Coliform: 6 hours from time taken  
 Partial Chemistry: 48 hours from time taken

Form 41b Revision 2.2  
 Effective Date: 3/1/2022

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## Sampling Procedure for Drinking Water Bacteria – Coliform / E.coli

1. Wash hands thoroughly, do not open sample bottle until you are ready to proceed. Sample results are dependent on proper sampling technique.
2. Sample must be taken from a tap that is representative of the water distribution system, preferably from the kitchen or bathroom tap.
3. Water tap must be free of aerators, strainers, hose attachments, mixing type faucets, and purification devices.
4. The **COLD** water tap must be used and the service line cleared before sampling by running the water for a minimum of two minutes, or until the temperature changes. Stagnant water is not to be used.
5. Do **not** touch the inside of the sample bottle or cap.
6. Do **not** rinse sample container (the white powder/pill is a preservative).
7. Sterile sample containers must be filled to at least the 100 ml line so sample volume is sufficient to perform all required tests.
8. If the well was recently chlorinated, collect a second container of water or fill the sample container to 120mls to ensure there is enough sample to check the chlorine level before testing begins.

## Sampling Procedure for Partial Chemistry – Nitrate, Nitrite, Fluoride, Chloride, Hardness, Iron, Sodium, and Sulfate

1. Wash hands thoroughly, do not open sample bottle until you are ready to proceed. Sample results are dependent on proper sampling technique.
2. Sample must be taken from a tap that is located at or near the water pressure tank. If the tank is not accessible, the sample will be collected from the nearest sampling tap to the water pressure tank.
3. The service line must be cleared by running the water for a minimum of two minutes. Stagnant water is not to be used (unless sampling for lead and copper corrosion).
4. Follow steps 5-7 listed above.

If sampling for any other tests such as Lead, Copper, VOC, SOC, Arsenic, Cyanide, or Metals, please call the laboratory to ensure proper sampling procedure and correct sampling bottles.

The sample collector is responsible for properly packaging and returning the samples to the laboratory for analysis. Chill and protect from sunlight. Keep sample cold/on ice during transit to the laboratory. Do **not** freeze sample. All drinking water samples must be received by the laboratory within twenty-four hours of collection. All irrigation water samples must be received by the laboratory within six hours of collection. All partial chemistry water samples must be received by the laboratory within forty-eight hours of collection. Upon delivery, the sample collector will relinquish custody of the samples to laboratory personnel.

The front of this form must be filled in and accompany samples submitted for testing.

If chain of custody is required, please sign and date in the box below at time of delivery.

Transport/Relinquished By	Received By	Date / Time
1. _____	_____	_____
2. _____	_____	_____

### EPA Maximum Hold Times

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