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10 DAY EXT ISSUED

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RMD-EXEC
Lansing
Due: 11-6-15

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST FOR DISCLOSURE OF DEQ RECORDS

Under The Freedom Of Information Act

This information is required under 1976 PA 442, as amended, in order to request public records.

ALL INFORMATION MUST BE TYPED OR PRINTED EXCEPT FOR WRITTEN SIGNATURES

Company Name or Organization (if applicable)	Company's Project/Reference Number	
Natural Resources Defense Council, Inc		
Requester's First Name	**Requester's Last Name**	**Daytime Phone # (Include Area Code)**
EVAN	FEINAUER	312.651.7938
Address (Street and Number)		**Fax # (Include Area Code)**
20 NORTH WACKER DRIVE, SUITE 1300		
City	**State** / **Zip Code**	**E-mail:**
CHICAGO	IL / 60606	efeinauer@nrdc.org

This request is for records from ☐ Lansing Central and/or ☐ District Office

Any/All

SUBMISSION DATE: 10/15/2015

- ☐ I wish to review the records listed below
- ☒ I wish to receive a copy of the records listed below
- ☐ I wish to receive an estimate for the cost of fulfilling my request

NOTE: To refine the searching process, you may wish to narrow down your request by calling the Environmental Assistance Center (1-800-662-9278) for assistance, or checking specific boxes related to particular divisions. If you do not see what you are looking for in the list below, please feel free to use the additional comments field. For additional program information, please click here.

Programs: If you are only requesting the available information from certain programs, then please list the site number (i.e., Site 1, 2, etc. or "ALL") in the appropriate form field(s) provided below. **(see division acronyms in site table below).**

AQD - Permits		OWMRP (RMG)- Hazardous Waste, ID#:	
RRD - BEA Only		OWMRP (RMG)- Solid Waste/Scrap Tires/Medical Waste	/ /
RRD - Environmental Remediation		OOGM - Oil, Gas and Minerals	
RRD - Leaking Underground Storage Tanks (Part 213)		WRD -Groundwater	
RRD -Superfund		WRD - Water Permits	
Storage Tanks **(Part 211)-** **Jim Lucas – LucasJ@michigan.gov**	**SUBMIT to DLARA**	WRD - Stormwater	
ODWMA (RMG)- Public Water Supply		WRD - Wetlands	

Check boxes for each Division you are requesting files from

(You must provide the section, township, range for oil, gas and minerals records)

Description Provide a detailed description of materials being requested. At a minimum, include the Facility Name, Street Address, City and County.	Air Quality (AQD)	Oil, Gas & Minerals (OOGM)	Remediation & Redevelopment (RRD)	Resource Management (RMG)	Water Resources (WRD)
Site 1 COUNTY	☐	☐	☐	☐	☐
Site 2 COUNTY	☐	☐	☐	☐	☐
Site 3 COUNTY	☐	☐	☐	☐	☐
Site 4 COUNTY	☐	☐	☐	☐	☐
Site 5 COUNTY	☐	☐	☐	☐	☐

Additional Comments:

Please See Attached Letter

NATURAL RESOURCES DEFENSE COUNCIL

October 15, 2015

Via Federal Express and Electronic Mail to:

Freedom of Information Act Coordinator
Department of Environmental Quality
P.O. Box 30457
Lansing, MI 48909-7957
deqfoia@michigan.gov

Re: FOIA Request for Records Concerning Administration of the Safe Drinking Water Act's Lead and Copper Rule

Dear FOIA Coordinator:

I write on behalf of the Natural Resources Defense Council (NRDC) to request disclosure of records pursuant to the Michigan Freedom of Information Act (FOIA), 15 Mich. Comp. Laws §§ 15.231, et seq.

I. Description of Records Sought

Please produce records[1] in Michigan Department of Environmental Quality's (MDEQ's) possession, custody or control concerning testing and monitoring for lead in the City of Flint's (Flint's) drinking water and which reflect the following:

1. Records concerning any program established or maintained by Michigan "to assist local educational agencies in testing for, and remedying, lead contamination in drinking water from coolers and from other sources of lead contamination at schools" pursuant to 42 U.S.C. § 300j-24.
2. Records concerning MDEQ's designation of an optimized corrosion control treatment program for Flint's water system and/or the Detroit Water and Sewerage Department's drinking-water system, and/or MDEQ's approval of a corrosion control treatment option recommended by Flint or the Detroit Water and Sewerage Department. 40 C.F.R. § 141.82(d)(1).
3. Records created or received by MDEQ concerning MDEQ's review and/or approval of the addition of the Flint River as a primary water source for Flint's

[1] "Records" means anything denoted by the use of that word or its singular form in the text of FOIA and includes correspondence, minutes of meetings, memoranda, notes, emails, notices, facsimiles, charts, tables, presentations, orders, filings, and other writings (handwritten, typed, electronic, or otherwise produced, reproduced, or stored).

water system, or the Flint River's designation as an alternate water source in Flint's emergency response plan as an emergency or backup water source. Mich. Admin. Code R. 325.12303.

4. Records created or received by MDEQ from January 1, 1991, to the present concerning any long-term change in treatment to Flint's water system, including any "written documentation to the State" submitted by the City describing any change in water treatment or addition of a water source, and any approval or disapproval of such long-term changes. 40 C.F.R. § 141.90(a)(3).
5. Records from January 1, 2012, to the present concerning any modification of the monitoring requirements in the Lead and Copper Rule based on the interconnection between Flint's water system and the Detroit Water and Sewerage Department's water system. This includes, but is not limited to:
    a. Any written explanation concerning how the monitoring, treatment, and reporting requirements will be administered and enforced in the Flint water system (a consecutive water system); and
    b. Any records concerning U.S. EPA's approval, disapproval, or other response to MDEQ's proposal to implement the requirements in the Lead and Copper Rule for the Flint water system based on the interconnection between Flint's water system and the Detroit Water and Sewerage Department.
6. Records reflecting any tap water monitoring of the Flint water system for lead conducted from the period of April 1, 2014, through the present, including:
    a. Correspondence between Flint officials and MDEQ officials;
    b. All tap water samples submitted by Flint to the testing laboratory;
    c. All tap water sample lab reports submitted by the laboratory to Flint;
    d. All tap water sample lab reports submitted by Flint to MDEQ; and
    e. All consumer notices sent by Flint to participants of lead and copper monitoring and subsequently provided to MDEQ.
7. Any records (including correspondence) concerning the invalidation of lead and copper monitoring results for Flint's water system from January 1, 2012, to the present, including:
    a. Any written "decision and . . . rationale" concerning invalidated samples, 40 C.F.R. § 141.86(f); and
    b. Records concerning any decision by MDEQ to invalidate tap water lead samples taken in Flint maintained pursuant to 40 C.F.R. § 142.14(d)(10)(iii) ("Each State which has primary enforcement responsibility shall retain, for not less than 12 years, files which shall include for each such public water system in the State:...(10) Records of State activities, and the results thereof, to... (iii) Invalidate tap water lead and copper samples under § 141.86(f) of this chapter.").
8. Records concerning any "materials evaluation of [Flint water system's] distribution system" conducted between 1991 and today to "identify a pool of targeted sampling sites" for purposes of monitoring under the Lead and Copper Rule. 40 C.F.R. § 141.86(a)(1).
9. Records concerning any decision by MDEQ to allow Flint to conduct "reduced monitoring" under the Lead and Copper Rule, pursuant to 40 C.F.R. § 141.86(d)(4).

10. Records concerning the control of lead and copper by Flint from January 1, 2012 to the present, maintained pursuant to 40 C.F.R. § 142.14(d)(8)(i)–(v), (ix)–(x), and (xvii).

II. Request for a Fee Waiver

NRDC requests that MDEQ waive any fee it would otherwise charge for search and production of the records described above. FOIA dictates that requested records may be provided without charge or at a reduced charge "if the public body determines that a waiver or reduction of the fee is in the public interest because searching for or furnishing copies of the public record can be considered as primarily benefiting the general public." Mich. Comp. Laws § 15.234.

NRDC requests these records solely to benefit the general public. NRDC is a non-profit environmental and public health advocacy organization. NRDC works to ensure that all Americans have access to safe and affordable drinking water. The records requested shed light on a matter of considerable public interest: Flint's monitoring for lead in the drinking water. There is broad public concern about the levels of lead in Flint's drinking water, including dangers that such elevated lead levels may pose to the health of Flint residents. Disclosure of these records will benefit the general public by allowing NRDC to provide information to the public and otherwise assist in addressing the ongoing concerns of the public in Flint. Disclosure of these records will help the public, in particular residents of Flint, evaluate more effectively the potential threats to themselves and their families. NRDC has no commercial interest in these records.

III. Willingness to Pay Fees Under Protest

Please provide the records requested above regardless of your fee waiver decision. In order to expedite a response, NRDC will, if necessary and under protest, pay fees in accordance with Michigan's FOIA provisions at Mich. Comp. Laws § 15.234, and MDEQ's procedures and guidelines, for all or a portion of the requested records. Please contact me before doing anything that would cause the fee to exceed $500. NRDC reserves its rights to seek administrative or judicial review of any fee waiver denial.

IV. Conclusion

Please email or (if it is not possible to email) mail the requested records to me at the NRDC office address listed below. Please send them on a rolling basis; MDEQ's search for—or deliberations concerning—certain records should not delay the production of others that MDEQ has already retrieved and elected to produce. *See generally* Mich. Comp. Laws § 15.235. If MDEQ concludes that any of the records requested here are publicly available, please let me know.

Please do not hesitate to call or email with questions.

Thank you.

Sincerely,

Evan Feinauer, Litigation Fellow
Natural Resources Defense Council, Inc.
20 North Wacker Drive, Suite 1600
Chicago IL 60606
(312) 651-7938
efeinauer@nrdc.org

Olszewski, Rosemarie (DEQ)

From: Howes, Sarah (DEQ)
Sent: Monday, June 01, 2015 10:33 AM
To: Clyde Edwards (cedwards@house.mi.gov)
Cc: DEQ-Legislative-Contact
Subject: FW: Communications between City of Flint and DEQ
Attachments: Flint-2015-02-13-AnnualMonSched.pdf; Flint-2015-03-05-TTHM-VN-15-1.pdf; Flint-2015-03-30-PbCu90.pdf; Flint-2015-04-03-LT2ESWTR.pdf; Flint-2015-04-03-Permit151018.pdf; Flint-2015-05-06-CCR-reminder.pdf; Flint-2015-05-11-CCCP.pdf; S2 Grant Project No 9204.01 City of Flint.pdf; RE: Premise plumning; Water Quality Optimization Strategy; call; Flint MORs; Flint River Source Water Assessment; FW: PEAS call; FW: Schematics for LT2 sampling plans; FW: Water Supply Sources; Premise plumning; RE: City of Flint - March Bromate Results; RE: City of Flint March 2015 MOR; RE: City Water Tech Team; RE: HC Letter & FAQ's; RE: May_Technical Advisory Meeting; RE: PEAS call; RE: RE: Flint Water Age map; RE: TTHM Draft Letter; RE: Water Supply Sources; Residential customers; Watermain breaks; distribution WQPs; January '15 MOR; Lead Copper Cert form; RE: City of Flint Water Plant Monitoring Results; RE: distribution WQPs; RE: distribution WQPs; RE: January '15 MOR

Clyde,

Per our conversation a few minutes ago, here are the documents that Rep. Neeley requested on all correspondence between the DEQ and City of Flint discussing Flint water.

Please let me know if you need anything else.
Sarah

Sarah M. Howes | Legislative Liaison
Department of Environmental Quality
517.284.6707 O | C 517.282.9204

2310

STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING DISTRICT OFFICE

RICK SNYDER
GOVERNOR

DAN WYANT
DIRECTOR

February 13, 2015

Mr. Brent Wright
City Of Flint - D P W
Flint Water Plant
4500 North Dort Highway
Flint, MI 48505

WSSN: 02310

Dear Mr. Wright:

SUBJECT: Drinking Water Monitoring Schedule – 2015
Annual Reports

Enclosed is your Drinking Water Monitoring Schedule for calendar year 2015 outlining the minimum requirements for your public water supply. Collect samples early in the monitoring period of the year indicated on the schedule. If you use a private laboratory you are required to report the results to us within the first ten days of the month following the month that you received the results. To receive credit for monitoring, the **"WSSN"** (water supply serial number), the **"Site Code,"** and **"County"** must appear on the sample result. Bottles will NOT be mailed automatically. If you use the DEQ Laboratory, you can order bottles by calling 517-335-8184. Be certain of the EPA sampling and analysis method requirements for hold times.

The Michigan Safe Drinking Water Act requires certain reports to be submitted to this office each year. Please remember that cross connection reports and annual pumpage reports are due by March 31, and the **Consumer Confidence Report** is due by July 1.

Also enclosed is the document "2015 Monitoring and Reporting Requirements." This provides additional details about monitoring and reporting requirements. If you have any questions, please contact us by telephone or email using the information below.

Michael F. Prysby, P.E., District Engineer
Lansing District Office
Office of Drinking Water and
Municipal Assistance
517-290-8817

Adam Rosenthal, EQA
Lansing District Office
Office of Drinking Water and
Municipal Assistance
517-284-6644

MFP:AR:JR

Enclosure
cc/encl: Mr. Mike Glasgow, City Of Flint

2015 Monitoring Schedule

FLINT, CITY OF WSSN: 02310

Collect samples early in the monitoring period. This schedule reflects your expected routine monitoring and is subject to change. To receive credit for monitoring, include the WSSN, Site Code, and County on your request for analysis form. Collect Bacteriological and Automated Partial Chemistry samples close to the shipping time and send overnight delivery. Send all sample results to your Department of Environmental Quality (DEQ) district office unless you use the DEQ laboratory. Test codes, sample units, and costs are listed to help you complete the DEQ laboratory form. Prices are subject to change without notice. The DEQ laboratory is closed on state holidays.

Location: Plant Tap

Collect these samples at the entry point to the distribution system (after treatment, if applicable.)

Sample Type	# Samples/ Frequency	Collect Before	Site Code	Fee	Unit Number	Test Code
Automated Partial Chemistry	This DEQ lab scan includes nitrate, nitrite, fluoride, and sodium whose monitoring frequency requirements differ from one another. Before requesting analyses from a laboratory other than the DEQ laboratory, check with your DEQ district staff for the specific monitoring requirements.					
	1/3 months	Quarterly	TP001	$18.00	32	R
Volatile Organic Compounds	1/3 months	Quarterly	TP001	$100.00	36VO	CXVO
Complete Metals	1/36 months	09/30/2017	TP001	$102.00	36ME	CMET2
Arsenic	1/3 months	Quarterly	TP001	$18.00	36ME	CAS
Cyanide	1/3 months	Quarterly	TP001	$25.00	36CNa	CCN
SOC – Pesticides	1/3 months	Quarterly	TP001	$125.00	36PT	CXPT
SOC – Herbicides	1/3 months	Quarterly	TP001	$120.00	36HB	CXHB
SOC – Carbamates	1/3 months	Quarterly	TP001	$120.00	36LP	CXLP
Bromate	1/1 months	Monthly	TP001	Not performed at the DEQ Laboratory. A list of certified labs is at www.michigan.gov/DEQ. Select Water, Drinking Water, Community Water Supply, then Certified Labs under Programs and Activities.		
Gross Alpha (Radiological)	1/3 months	Quarterly	TP001			
Radium 226 & Radium 228	1/3 months	Quarterly	TP001			
Water Quality Parameters	25/3 months	Quarterly	TP001	Various	Various	Various
Total Organic Carbon (TOC)	Pair/Monthly	Monthly	TP001	$35.00	36TO	CTOC
	Monitor for TOC in the source water before any treatment at the same time as monitoring for TOC in the treated water. These samples (source water and treated water) are referred to as "paired samples." Collect the treated water sample not later than the point of combined filter effluent turbidity monitoring and representative of treated water.					
Expanded SOCs						
Dalapon & Haloacetic Acids	1/12 months	Between 04/01 and 09/30/2015	TP001	$130.00	36HA	CXHA
Diquate	1/12 months	Between 04/01 and 09/30/2015	TP001	$150.00	36DQ	CXDQ
Endothall	1/12 months	Between 04/01 and 09/30/2015	TP001	$150.00	36EN	CXEN
EDB & DBCP	1/12 months	Between 04/01 and 09/30/2015	TP001	$70.00	36VO	CXEV

2015 Monitoring Schedule

FLINT, CITY OF

WSSN: 02310

Collect samples early in the monitoring period. This schedule reflects your expected routine monitoring and is subject to change. To receive credit for monitoring, include the WSSN, Site Code, and County on your request for analysis form. Collect Bacteriological and Automated Partial Chemistry samples close to the shipping time and send overnight delivery. Send all sample results to your Department of Environmental Quality (DEQ) district office unless you use the DEQ laboratory. Test codes, sample units, and costs are listed to help you complete the DEQ laboratory form. Prices are subject to change without notice. The DEQ laboratory is closed on state holidays.

Location: Distribution System

Sample Type	Collect Samples According to the ...	# Samples/ Frequency	Collect	Site Code	Fee	Unit Number	Test Code
Bacteriological -- coliforms	TCR Sampling Site Plan	100/Monthly	**Monthly**	DIST	$16.00	30	BPTC
Chlorine Residual	DBP Monitoring Plan	If serving chlorinated water, measure the residual disinfectant level at the same point and at the same time as the bacteriological sample and report the average to the DEQ.					
Total Trihalomethanes	DBP Monitoring Plan	8/3 months	**During February, May, August and November 2015**	See DBP Monitoring Plan	$65.00	36VO	CXTM
Haloacetic Acids		8/3 months	**During February, May, August and November 2015**	See DBP Monitoring Plan	$130.00	36HA	CXHA
Water Quality Parameters	Representative Sites	25/Quarterly	**Quarterly**	DIST	Various	Various	Various
Lead Copper for Corrosion Control	Lead and Copper Sampling Pool	100/6 months	**Between 1/1 and 6/30/2015**	DIST	$26.00	36CC	CCUB

Community Water Supply
2015 Monitoring and Reporting Requirements

Please Monitor Early: Collect samples early in the monitoring period (month, quarter, year) of the year indicated on the schedule. Bacteriological and partial chemistry samples should be collected close to the shipping time and sent overnight delivery to assure sample holding times are not exceeded (30 and 48 hour hold times respectively). We also recommend avoiding mailing bacteriological samples immediately preceding or following a holiday because samples tend to exceed the 30 hour hold time. When this occurs, a repeat sample must be collected as soon as possible upon notification.

If you use a private laboratory please report the results to us within the first ten days of the month following the month that you received the results. A list of certified laboratories is available on request. If samples are not collected as indicated on your monitoring schedule, you will incur a monitoring violation and possibly a fine. For information on the fines policy, visit http://michigan.gov/deqwater. Click on Drinking Water, Community Water Supply, and Administrative Fines (under Laws and Rules).

To receive credit for monitoring, you must include the **"WSSN"** (water supply serial number), the **"Site Code,"** and the **"County"** when you submit samples for analysis. Site codes are listed on your monitoring schedule.

Special Instructions If You Use The DEQ Laboratory: Bottles will NOT be mailed automatically. To order bottles, call the DEQ Laboratory at 517-335-8184 or download the form EQP 2301 *Requisition for Water Sample Units* from www.michigan.gov/deq. Click on Key Topics, Laboratory Services, Drinking Water, Obtaining The Necessary Sampling Units, and 'test list'. Please note that the DEQ laboratory is closed on most state holidays. The DEQ laboratory prices are subject to change without notice.

Special Instructions For Automated Partial Chemistry, VOC and TTHM Samples: These sample bottles must be cooled and preserved during shipment to the laboratory. If you use the DEQ laboratory, you will receive the ice pack, acid dropper (if necessary) and small cooler when you request the bottles. Samples must be preserved correctly to be used for compliance purposes. To avoid resampling follow instructions contained with the sample bottle. If you would like more information, contact the DEQ lab, at 517-335-8184, or contact this office.

Cyanide: Previously, supplies that chlorinated the water were waived from monitoring for cyanide. The U.S. EPA now requires all supplies to sample the entry point for cyanide.

UCMR3 Monitoring: You may have monitoring requirements in 2015 under the third Unregulated Contaminant Monitoring Rule (UCMR3). The U.S. EPA will contact you directly if your water supply is required to monitor in 2015. A list of laboratories certified to analyze the samples collected for UCMR3 is available at http://water.epa.gov/lawsregs/rulesregs/sdwa/ucmr/ucmr3/upload/lablist.pdf. Contact the U.S. EPA with questions.

Reminder if Lead and Copper Monitoring Due This Year: Provide individual lead tap results to people who receive water from sites that you sampled, even if lead was not detected, within 30 days of learning the results. Send us a certification that you met all the delivery requirements along with a sample copy of the customer notice within 3 months after the end of the monitoring period. Water supplies that failed to distribute the Consumer Notice of Lead Results must include the following statement in their CCR, "During the year, we failed to provide lead results to persons served at the sites that were tested as required by the Lead and Copper Rule." To download the *Lead and Copper Report and Consumer Notice of Lead Result Certificate* in Microsoft Word or PDF format, visit www.michigan.gov/deqwater. Click on Drinking Water, Community Water Supply, and Reporting Forms (under Manuals, Forms & Brochures).

Annual Reports: These reports are due to this office each year.

- The **Cross Connection Report**, due by March 31, describes the status of your local cross connection control program. Manufactured housing communities are exempt from this requirement until 2016.

  Each year, water supplies must submit this report, even if a formal program has not been implemented. If cross connections do not exist in your water system, indicate so on the report. Download the Cross Connection Report form from http://michigan.gov/deqwater. Click on Drinking Water, Community Water Supply, Reporting Forms (under Manuals, Forms & Brochures). Instructions are included with the form.

- The **Annual Pumpage/Usage Report**, due by March 31, is required of water supplies that do not submit monthly operation reports.

  This summary of water pumpage and water use must be submitted by each water supply that does not submit a monthly operation report. To manage our natural resources, pumpage data are compiled to determine water use demands in Michigan. Download the Annual Pumpage/Usage Report form from http://michigan.gov/deqwater. Click on Drinking Water, Community Water Supply, Reporting Forms (under Manuals, Forms & Brochures). Please be sure to indicate the appropriate units on the report (e.g. million gallons or gallons).

- The **Consumer Confidence Report**, due by July 1 to your customers, to your local health department and to this office, describes the quality of the water and characterizes the risks, if any, from exposure to contaminants detected..

  Electronic delivery methods may be used to distribute the CCR to bill-paying customers, provided the method is direct. A paper copy must be delivered to bill-paying customers who request it or known to be unable to receive the CCR electronically. For more information on e-delivery, visit www.michigan.gov/deqwater. Click on Drinking Water, Community Water Supply, Consumer Confidence Report Rule (under Laws and Rules).

2310

STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING DISTRICT OFFICE

RICK SNYDER
GOVERNOR

DAN WYANT
DIRECTOR

March 5, 2015

Mr. Brent Wright, Operations Supervisor
City Of Flint - DPW
Flint Water Plant
4500 North Dort Highway
Flint, Michigan 48505

WSSN: 02310

Dear Mr. Wright:

SUBJECT: Violation Notice (VN) – Maximum Contaminant Level for Total Trihalomethanes (TTHM)
Operational Evaluation – Total Trihalomethanes
1st Quarter 2015 Monitoring Period

The Department of Environmental Quality (DEQ), Office of Drinking Water and Municipal Assistance (ODWMA), records show that the city of Flint (City) is in violation of the Safe Drinking Water Act,1976 PA 399, as amended (Act 399); R 325.10610, *Maximum contaminant levels for disinfection byproducts (MCLs)*, of the 1979 Administrative Code.

In accordance with R 325.10610, *MCLs*, of the 1979 Administrative Code, the MCL for disinfection byproduct TTHM is 0.080 milligrams per liter (mg/L) as a Locational Running Annual Average (LRAA) at each monitoring location. As listed in the table below, our records show that the City's highest TTHM locational running annual average (LRAA), based on the last four quarters, ending February 28, 2015, is 0.105 mg/L which exceeds the standard, and that two of the eight sample site locations exceed the standard of 0.080 mg/L.

Further, in accordance with R 325.10719l, *Disinfection byproducts: operational evaluation levels*, of the 1979 Administrative Code, when an operational evaluation level (OEL) at a monitoring location for TTHM exceeds 0.080 mg/L, a supply shall conduct an operational evaluation and submit a written report of the evaluation to the DEQ not later than 90 days after being notified of the analytical result that causes the supply to exceed the operational evaluation level. As listed in the table below, our records show that the TTHM OELs for the City exceed 0.080 mg/L at one of the City's eight sample site locations.

TTHM Results (mg/L)						
	5/21/14	8/21/14	11/20/14	2/17/15	LRAA	OEL
DBP1 McDonalds 3719 Davison	**0.162**	**0.145**	0.059	0.0162	**0.096**	0.059
DBP2 Liquor Palace 3302 S. Dort Highway	**0.112**	**0.127**	0.033	0.0168	0.072	0.049
DBP3 North Flint Auto 6204 N. Saginaw St.	**0.097**	**0.118**	0.041	0.0149	0.068	0.047
DBP4 University Market 2501 Flushing Road	**0.106**	**0.196**	**0.094**	0.0245	**0.105**	**0.085**
DBP5 Taco Bell 3606 Corunna Road	0.079	**0.181**	0.034	0.0151	0.078	0.063
DBP6 Rite-Aid Pharmacy 5018 Clio Road	**0.088**	**0.144**	0.054	0.0192	0.076	0.059
DBP7 Salem Housing 3216 MLK Boulevard	**0.082**	**0.112**	0.050	0.0285	0.068	0.055
DBP8 BP Gas Station 822 S. Dort Highway	0.075	**0.112**	0.036	0.0199	0.061	0.047

Our investigation consisted of a review of ODWMA files for laboratory reports received for compliance monitoring. Our investigation is considered complete. This violation began on March 1, 2015, and will continue until TTHM LRAA is below the MCL at all sample sites.

We are encouraged by the results from the most recent round of compliance samples collected on February 17, 2015, which now show individual TTHM levels at less than half of the 0.080 mg/L standard at all locations throughout the City's system. Operational Evaluation Reports from December 2014, and February 2015, have identified possible causes and corrective measures for the previous elevated TTHM levels which we encourage the City to continue implementing. These modifications have likely contributed in part to the reduction in TTHM levels reported in the most recent quarter, and suggest the City may be able to achieve compliance with the TTHM standard at all sites by continuing these efforts.

Our office is currently reviewing the Operational Evaluation Report dated February 27, 2015, and will provide the City and their consultant with comments, as needed, to help address this MCL violation.

Water systems that exceed the OEL must complete and submit an Operational Evaluation in accordance with Administrative Rule 719l (R 325.10719l) within 90 days of being notified of the violation. **An updated Operational Evaluation report, which incorporates the most recent sample results, must now be completed and received by our office by no later than Friday, May 29, 2015.**

If you have any other factual information you would like us to consider regarding the violation identified in this VN, please provide them in a written response by March 19, 2015.

Administrative rule R 325.10403 of Act 399 requires that suppliers provide public notice (PN) as soon as practical, but no later than thirty (30) days after the supplier learns of this type of violation, by mail or direct delivery **and** by any other means reasonably calculated to reach customers not normally reached by mail. Enclosed is a sample PN which contains the minimum required language. The City is encouraged to include additional information regarding its response efforts to this violation. **Please notify your consumers by April 1, 2015, and send us a signed and dated copy of the notice that you issued within ten (10) days of distributing the public notice.** This violation must also be included in your 2015 Consumer Confidence Report, due by July 1, 2016. The PN must be repeated every quarter until you no longer exceed the TTHM standard. Failure to issue a PN for this violation will result in a fine of at least $1,000 per event, with a maximum of $5,000 per violation.

We anticipate and appreciate your continued cooperation in resolving this matter. If you have any questions regarding this VN, please contact us at the numbers below; at prysbym@michigan.gov; or rosenthala@michigan.gov; or at DEQ, P.O. Box 30242, Lansing, Michigan 48909-7742.

Sincerely,

Michael F. Prysby, P.E., District Engineer
Lansing District Office
Office of Drinking Water and Municipal Assistance
517-290-8817

Adam Rosenthal, Environmental Quality Analyst
Lansing District Office
Office of Drinking Water and Municipal Assistance
517-284-6644

Enclosure

cc: Ms. Jennifer Crooks, U.S. Environmental Protection Agency, Region 5
Mr. Jerry Ambrose, Emergency Manager, City of Flint
Mr. Robert Bincsik, City of Flint
Mr. Howard Croft, City of Flint
Mr. Daughtry Johnson, City of Flint
Genesee County Health Department
Ms. Liane Shekter Smith, DEQ
Mr. Richard Benzie, DEQ
Mr. Stephen Busch, DEQ

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

City of Flint Did Not Meet Treatment Requirements

Our water system recently violated a drinking water standard. Although this incident was not an emergency, as our customers, you have a right to know what happened and what we are doing to correct this situation.

We routinely monitor for the presence of drinking water contaminants. Samples were collected for total trihalomethanes (TTHM) analysis from eight locations on a quarterly basis (May 21, August 21, November 20 of 2014, and February 17, 2015). The average of the results at **ANY** of the eight locations must not exceed the maximum contaminant level (MCL) for TTHMs, otherwise our water system exceeds the MCL. The standard for TTHMs is 80 micro grams per liter (µg/L). The location reporting the highest TTHM level was 105 ug/L; thus, our water system exceeds the TTHM MCL.

What should I do?

- There is nothing you need to do unless you have a severely compromised immune system, have an infant, or are elderly. These people may be at increased risk and should seek advice about drinking water from their health care providers.
- You do not need to boil your water or take other corrective actions. If a situation arises where the water is no longer safe to drink, you will be notified within 24 hours.

What does this mean?

This is not an emergency. If it had been an emergency, you would have been notified within 24 hours.

People who drink water containing trihalomethanes in excess of the MCL over many years may experience problems with their liver, kidneys, or central nervous system, and may have an increased risk of getting cancer.

What is being done?

We are currently working on solutions to correct the problem. We anticipate resolving the problem in 2015. Our most recent individual sample results were all less than half the 80 µg/L standard, however since compliance is calculated using a locational running annual average (LRAA) of the most recent four quarters, we are still out of compliance with the MCL at two of eight locations.

For more information, please contact Mr. Brent Wright at 517-787-6537, or the Flint Water Plant at 4500 North Dort Highway, Flint, Michigan 48505.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is being sent to you by the City of Flint.

CERTIFICATION: WSSN: 02310

I certify that this water supply has fully complied with the public notification requirements in the Michigan Safe Drinking Water Act, 1976 PA 399, as amended, and the administrative rules.

Signature	Title	Date Distributed

Reminder to water supplier: This notice/certification must be sent to the Department of Environmental Quality.

2310

STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING

RICK SNYDER
GOVERNOR

DAN WYANT
DIRECTOR

March 30, 2015

Mr. Brent Wright
City Of Flint - DPW
Flint Water Plant
4500 North Dort Highway
Flint, Michigan 48505

Dear Mr. Wright:

Subject: City Of Flint WSSN: 02310
Lead and Copper Monitoring of Drinking Water Taps

We received your report for the monitoring period July 1, 2014, through December 31, 2014.

Action Levels	Results this monitoring period		Next monitoring period	
	90th Percentile	# of Samples Above Action Level	# of Samples Required	Take Samples Within These Dates
Lead 15 parts per billion (ppb)	6.0 ppb	2	100	1/1 and 6/30/2015 Submit results to this office by July 10, 2015
Copper 1.3 parts per million (ppm)	0.11 ppm	0		

Ninety percent of the sites you tested are within action levels under the administrative rules promulgated under the Michigan Safe Drinking Water Act, 1976 PA 399, as amended. These results must be reported on your 2014 Consumer Confidence Report (CCR) due to our office, your customers, and the local health department, by July 1, 2015. Also include the following statement in the CCR, regardless of the lead and copper levels:

If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. The City of Flint is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline at 1-800-426-4791 or at http://water.epa.gov/drink/info/lead.

Recent changes to the Lead and Copper Rule require you to provide individual lead tap results to people who receive water from sites that were sampled, even if lead was not detected, within 30 days of learning of results. You must also send us a certification that you met all the delivery requirements along with a sample copy of your customer notice by 3 months after the end of the monitoring period. To download the *Lead and Copper Report and Consumer Notice of Lead Result Certificate* in Microsoft Word or PDF format, visit http://michigan.gov/deq. Click on Water, Drinking Water, Community Water Supply, and Reporting Forms. Water supplies that fail to distribute the Consumer Notice of Lead Results must include the following statement in their CCR, "During the year, we failed to provide lead results to persons served at the sites that were tested as required by the Lead and Copper Rule."

Samples due the next monitoring period mark your second six month round of monitoring. Please make every attempt to select the same sites used in the previous monitoring period, giving Tier 1 sites first priority. If original sites are unavailable, select replacement sites based on the Tier 1, 2, and 3 criteria. We strongly encourage you to sample early in the monitoring period.

Bottles will NOT be mailed automatically. To order bottles, call the Department of Environmental Quality laboratory at 517-335-8184, or download the form EQP 2301 *Requisition for Water Sample Units* from www.michigan.gov/deq. Click on Key Topics, Laboratory Services, Drinking Water, Obtaining the Necessary Sampling Units, and test list.

Sincerely,

Adam Rosenthal, EQA
Office of Drinking Water and Municipal Assistance
Lansing District
517-284-6644
rosenthala@michigan.gov

ar/jlr
Enclosures

cc: Mr. Michael Glasgow, City of Flint

2310

STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING DISTRICT OFFICE

RICK SNYDER
GOVERNOR

DAN WYANT
DIRECTOR

April 3, 2015

Mr. Brent Wright
City of Flint Water Plant
4500 North Dort Highway
Flint, Michigan 48505

Dear: Mr. Wright

SUBJECT: Long Term 2 Enhanced Surface Water Treatment Rule (LT2 Rule)
2nd Round of Source Water Monitoring Requirements

The LT2 Rule was promulgated by the United States Environmental Protection Agency on January 5, 2006. The Department of Environmental Quality (DEQ) adopted this rule into the Administrative Rules in December, 2009. All public water systems that are supplied by a surface water source, and systems supplied by a ground water source under the direct influence of surface water (GWUDI), are subject to this rule.

According to the LT2 Rule, systems are required to conduct an initial and a second round of source water monitoring for each plant that treats a surface water or GWUDI source. Please keep in mind that grandfathering data will not be accepted for the second round of monitoring. This monitoring includes at least one source water *Cryptosporidium*, *E. coli*, and turbidity sample per month for a period of 24 months for systems serving populations greater than 10,000 people. Systems will be assigned to a "treatment bin" based on the results of source water monitoring. The treatment bin specifies the level of *Cryptosporidium* removal and/or inactivation that the system must achieve.

Our records indicate that your system is required to comply with the source water monitoring requirements on Schedule 2 as stated below in Table 1. Therefore, your system is required to submit to the DEQ, a source water monitoring plan for each plant by July 1, 2015, and start the 2nd round of monitoring in October, 2015.

Table 1 – LT2 Milestone Dates for 2nd Round of Source Water Sampling

System Population	Schedule	Must submit Source Water Sampling Plan by...	Must begin second round of source water monitoring...
At least 100,000	1	January 1, 2015	April 1, 2015
50,000 – 99,999	2	July 1, 2015	October 1, 2015
10,000 – 49,999	3	July 1, 2016	October 1, 2016
<10,000	4	July 1, 2017	October 1, 2017

Enclosed with this letter is a Source Water Sampling Plan template that you can complete and submit to this office to comply with the July 1, 2015, deadline. The template includes instructions and a worksheet that will assist the DEQ in determining if your plan meets the requirements of the LT2 Rule.

If you have any questions about this subject, feel free to contact me at 517-290-8817; prysbym@michigan.gov; or Department of Environmental Quality, Office of Drinking Water and Municipal Assistance, Lansing District Office, 525 West Allegan Street, 1st Floor South, P.O. Box 30242, Lansing, Michigan 48909-7742.

Sincerely,

Michael F. Prysby, P.E.
District Engineer
Field Operations Section
Office of Drinking Water and
Municipal Assistance

Enclosures

cc: Mr. Howard Kroft, City of Flint

2310

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT APPLICATION FOR WATER SUPPLY SYSTEMS

(CONSTRUCTION - ALTERATION - ADDITION OR IMPROVEMENT) AS DESCRIBED HEREIN

Required under the Authority of 1976 PA 399, as amended

This application becomes an Act 399 Permit only when signed and issued by authorized Michigan Department of Environmental Quality (DEQ) Staff. See instructions below for completion of this application.

1. Municipality or Organization, Address and WSSN that will own or control the water facilities to be constructed. This permit is to be issued to:

City of Flint
Water Service Center
3310 E. Court Street
Flint, MI 48506
WSSN: 2310

2. Owner's Contact Person (provide name for questions):

Contact: Rob Bincsik
Title: Supervisor of Water Distribution & Sewer
Phone: (810)766-7202

Permit Stamp Area (DEQ use only)

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. W 151018 APR 3 2015

EXAMINED AND APPROVED FOR COMPLIANCE WITH ACT 399, P.A. 1976

MFP

3. Project Name (Provide phase number if project is segmented):

4-Inch Water Main Replacement (contract/phase 1)

4. Project Location (City, Village, Township):
City of Flint

5. County (location of project):
Genesee

ISSUED UNDER THE AUTHORITY OF THE DIRECTOR OF THE DEPARTMENT OF ENVIRONMENT QUALITY

cc:

Issued by: Michael Prysby

Reviewed by: Michael Prysby

☐ **If this box is marked see attached special conditions.**

Instructions: Complete items 1 through 5 above and 6 through 21 on the following pages of this application. Print or type all information except for signatures. Mail completed application, plans and specifications, and any attachments to the DEQ District Office having jurisdiction in the area of the proposed construction.

Please Note:

a. This **PERMIT** only authorizes the construction, alteration, addition or improvement of the water system described herein and is issued solely under the authority of 1976 PA 399, as amended.
b. The issuance of this **PERMIT** does not authorize violation of any federal, state or local laws or regulations, nor does it obviate the necessity of obtaining such permits, including any other DEQ permits, or approvals from other units of government as may be required by law.
c. This **PERMIT** expires two (2) years after the date of issuance in accordance with R 325.11306, 1976 PA 399, administrative rules, unless construction has been initiated prior to expiration.
d. Noncompliance with the conditions of this permit and the requirements of the Act constitutes a violation of the Act.
e. Applicant must give notice to public utilities in accordance with 1974 PA 53, (MISS DIG), being Section 460.701 to 460.718 of the Michigan Compiled Laws, and comply with each of the requirements of that Act.
f. All earth changing activities must be conducted in accordance with the requirements of the Soil Erosion and Sedimentation Control Act, Part 91, 1994 PA 451, as amended.
g. All construction activity impacting wetlands must be conducted in accordance with the Wetland Protection Act, Part 303, 1994 PA 451, as amended.
h. Intentionally providing false information in this application constitutes fraud which is punishable by fine and/or imprisonment.
i. Where applicable for water withdrawals, the issuance of this permit indicates compliance with the requirements of Part 327 of Act 451, Great Lakes Preservation Act.

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY

Permit Application for Water Systems (Continued)

6. **Facilities Description** – In the space below provide a detailed description of the proposed project. Applications without adequate facilities descriptions **will be returned**. SEE EXAMPLES BELOW. Use additional sheets if needed.

8400 Feet of 24-inch water main from Pasadena Avenue and Iroquois Avenue, South, 20 blocks, along Iroquois Avenue from Pasadena Ave. to Stockdale St.
East, Jog of Approx. 100 feet, along Stockdale Street from Iroquois Ave. to Euclid Ave.
South, 1 block, along Euclid Avenue from Stockdale St. to Welch Blvd.
West, 1 block, along Welch Boulevard from Euclid Ave. to Seminole St.
South Southwest, 3 blocks, along Seminole Street from Welch Blvd. to DuPont St.
South, 10 blocks, along Dupont Street from Seminole St. to Mackin Road.
Water main is stubbed south of Mackin Road for future additions.

EXAMPLES – EXAMPLES – EXAMPLES – EXAMPLES – EXAMPLES – EXAMPLES	
Water Mains	500 feet of 8-inch water main in First Street from Main Street north to State Street. OR 250 feet of 12-inch water main in Clark Road from an existing 8-inch main in Third Avenue north to a hydrant.
Booster Stations	A booster station located at the southwest corner of Third Avenue and Main Street, and equipped with two, 15 Hp pumps each rated 150 gpm @ 200 feet TDH. Station includes backup power and all other equipment as required for proper operation.
Elevated Storage Tank	A 300,000 gallon elevated storage tank located in City Park. The proposed tank shall be spherical, all welded construction and supported on a single pedestal. The tank shall be 150 feet in height, 40 feet in diameter with a normal operating range of 130 – 145 feet. The interior coating system shall be ANSI/NSF Standard 61 approved or equivalent. The tank will be equipped with a cathodic protection system, and includes a tank level control system with telemetry.
Chemical Feed	A positive displacement chemical feed pump, rated at 24 gpd @ 110 psi to apply a chlorine solution for Well No. 1. Chlorine is 12.5% NaOCL, ANSI/NSF Standard 60 approved and will be applied at a rate of 1.0 mg/l of actual chlorine.
Water Supply Well	Well No. 3, a 200 foot deep well with 170 feet of 8-inch casing and 30 feet of 8-inch, 10 slot screen. The well will be equipped with a 20 Hp submersible pump and motor rated 200 gpm @ 225 feet TDH, set at 160 feet below land surface.
Treatment Facilities	A 5 million gpd water treatment plant located at the north end of Second Avenue. The facility will include 6 low service pumps, 2 rapid mix basins, 4 flocculation/sedimentation basins, 8 dual media filters, 3 million gallon water storage reservoir and 6 high service pumps. Also included are chemical feed pumps and related appurtenances for the addition of alum, fluoride, phosphate and chlorine.

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY

Permit Application for Water Systems (Continued)

General Project Information – Complete all boxes below.

7. Design engineer's name, engineering firm, address, phone number, and email address:

Jeffrey B. Markstrom, P.E.
ROWE Professional Services Company
P.O. Box 3748
Flint, MI 48502
(810)341-7500 jmarkstrom@rowepsc.com

8. Indicate who will provide project construction inspection:
☐Organization listed in Box 1.
☒Engineering firm listed in Box 7.
☐Other - name, address, and phone number listed below.

9. Is a basis of design attached?
☐YES ☒NO

If no, briefly explain why a basis of design is not needed.

10. Are sealed and signed engineering plans attached?
☒YES ☐NO

If no, briefly explain why engineering plans are not needed.

11. Are sealed and signed construction specifications attached?
☒YES ☐NO

If specifications are not attached, they need to be on file at DEQ.

12. Were Recommended Standards for Water Works, Suggested Practice for Water Works, AWWA guidelines, and the requirements of Act 399 and its administrative rules followed?
☒YES ☐NO

If no, explain which deviations were made and why.

13. Are all coatings, chemical additives and construction materials ANSI/NSF or other adequate 3rd party approved?
☒YES ☐NO

If no, describe what coatings, additives or materials did not meet the applicable standard and why.

14. Are all water system facilities being installed in the public right-of-way or a dedicated utility easement? (For projects not located in the public right-of-way, utility easements must be shown on the plans.)
☒YES ☐NO

If no, explain how access will be obtained.

15. Is the project construction activity within a wetland (as defined by Section 324.30301(d)) of Part 303, 1994 PA 451?
☐YES ☒NO

If yes, a wetland permit must be obtained.

16. Is the project construction activity within a 100-year floodplain (as defined by R 323.1311(e)) of Part 31, 1994 PA 451, administrative rules?
☐YES ☒NO

If yes, a flood plain permit must be obtained.

17. Is the project construction activity within 500 feet of a lake, reservoir, or stream?
☒YES ☐NO

If yes, a Soil and Erosion Control Permit must be obtained or indicate if the owner listed in box 2 of this application is an Authorized Public Agency (Section 10 of Part 91, 1994 PA 451) ☐ Owner is APA.

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY

Permit Application for Water Systems (Continued)

18. Will the proposed construction activity be part of a project involving the disturbance of five (5) or more acres of land?
☐YES ☒NO
If yes, is this activity regulated by the National Pollutant Discharge Elimination System storm water regulations?
☐YES: NPDES Authorization to discharge storm water from construction activities must be obtained.

☐NO: Describe why activity is not regulated:
Please call 517-241-8993 with questions regarding the applicability of the storm water regulations.

19. Is the project in or adjacent to a site of suspected or known soil or groundwater contamination?
☐YES ☒NO

If yes, attach a copy of a plan acceptable to the DEQ for handling contaminated soils and/or groundwater disturbed during construction. Contact the local DEQ district office for listings of Michigan sites of environmental contamination.

20. IF YOU ARE A CUSTOMER/WHOLESALE/BULK PURCHASER, COMPLETE THE FOLLOWING

1) Name and WSSN of source water supply system (seller) City of Flint

2) Does the water service contract require water producer/seller to review and approve customer/wholesale/bulk purchaser water system construction plans?
☐YES ☒NO

If yes to #2, the producer/seller approval letter must be attached when submitted to DEQ.

21. **Owner's Certification** The owner of the proposed facilities or the owner's authorized representative shall complete the owner's certification. It is anticipated that the owner will either be a governmental agency (city, village, township, county, etc.) or a private owner (individual, company, association, etc.) of a Type I public water supply.

OWNER'S CERTIFICATION

I, Daugherty Johnson (print) (name), acting as the Utilities Administrator (print) (title/position) for City of Flint (print) (entity owning proposed facilities) certify that this project has been reviewed and approved as detailed by the Plans and Specifications submitted under this application, and is in compliance with the requirements of 1976 PA 399, as amended, and its administrative rules.

Signature* 3/20/15 Date 810 766-7135 Phone

*Original signature only, no photocopies will be accepted.

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY

Permit Application for Water Systems (Continued)

PROJECT BASIS OF DESIGN – FOR WATER MAIN PROJECTS

PROJECT NAME: _____

For this PROJECT the following information must be provided per Act 399 unless waived by the Department. For projects other than water main installation, or if additional space is needed, attach separate sheet(s) with detailed Basis of Design calculations.

A. A general map of the initial and ultimate service areas
☐ Included on engineering plans ☐ Attached separately

B. Number of service connections served by this permit application _____

C. Total number of service connections ultimately served by entire project _____

D. Residential Equivalent Units (REUs) served by this permit application _____

E. Total Residential Equivalent Units (REUs) ultimately served by entire project _____

F. Water flow rates for proposed project based on REUs listed in "D' and "E" above

1. Initial design average day flow (mgd) _____
2. Initial design maximum day flow (mgd) _____
3. Total design average day flow (mgd) _____
4. Total design maximum day flow (mgd) _____
5. Required fire flows: (1) _____ gpm for _____ hours

G. Actual flows and pressures of existing system at the connection point(s) (2)
_____ gpm at _____ psi
_____ gpm at _____ psi
_____ gpm at _____ psi
_____ gpm at _____ psi

H. Estimated minimum flows and pressures within the proposed water main system (3) _____ gpm at _____ psi

(1) Every water system must decide what levels of fire fighting flows they wish to provide. Fire flow should be appropriate for the area (residential, commercial, industrial) being served by the project. Typical fire flow rates can be obtained from the water supply, local fire dept., ISO or AWWA. The water system must then be designed to be able to provide the required fire flows while maintaining at least 20 psi in all portions of the distribution system.

(2) Flows and pressures at the connection points must be given to determine if the existing water main(s) are able to deliver water to the new service area. These numbers can be obtained from a properly modeled and calibrated distribution system hydraulic analysis or hydrant flow tests performed in the field. If more than one connection is proposed, list as needed.

(3) List what the estimated minimum flows can be expected in the proposed water mains based on estimated water demands, head losses, elevation changes and other factors that may affect flows, such as dead end mains.

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING DISTRICT OFFICE

DAN WYANT
DIRECTOR

TO: Water Supply Superintendent or Operator-in-Charge

FROM: Adam Rosenthal, Office of Drinking Water and Municipal Assistance, Lansing District Office

DATE: May 6, 2015

SUBJECT: New Lansing District e-mail address for all submittals
2014 Consumer Confidence Report Reminder
Updated Lansing District Responsibilities

New Lansing District e-mail address for all submittals:
The Lansing District Office has created a new e-mail account to be used for all future submittals: **DEQ-DWMA-Lansing@michigan.gov**

Please forward future electronic submittals to the above e-mail address. This includes monthly operating reports, laboratory reports, reporting forms and siting plans. No further submittals will be accepted into an individual's e-mail inbox after May 31, 2015. Please make sure to inform any laboratory or consultant who has agreed to submit documents on your behalf of this change. Mailed hard copies and faxed documents will still be accepted.

2014 Consumer Confidence Report Reminder:
Your annual Consumer Confidence Report (CCR) is due to be delivered by July 1st.

You may use any combination of mail, door-to-door, or electronic methods to deliver to bill paying customers. This means you may mail and/or e-mail a message that the CCR is available on the internet or attached to the e-mail. If using the internet, the CCR must be on the internet when customers receive the message and the internet address displayed in the message must lead directly to the entire CCR. The message should tell customers how to request a paper copy. If you normally publish a non-English language CCR, then the notification of CCR availability should also be in that language.

Refer to last year's report and your most recent sample results when preparing this year's report. For more information on preparing your CCR, visit http://michigan.gov/deq. Click on Water, Drinking Water, Community Water Supply, and Consumer Confidence Report Rule.

In addition to delivering your CCR to your consumers by July 1st, you are required to send a copy to the Department of Environmental Quality and to your local health department. Also send us documentation certifying how you delivered the CCR. Certification of delivery is due to us by October 1st, but we encourage you to send it to us when you deliver the CCR by July 1st. You can download the *CCR Certificate of Distribution Form* from the web page noted above. **If you e-delivered the CCR, send**

us a sample copy of the notification of CCR availability. For example, you may have put the notification on a water bill.

Did anybody monitor UCMR in 2014? Did the United States Environmental Protection Agency (U.S. EPA) direct you to monitor for unregulated contaminants during 2014? Report the average and range of each contaminant detected. Also, provide an explanation of this required monitoring, such as, "Unregulated contaminants are those for which the U.S. EPA has not established drinking water standards. Monitoring helps the U.S. EPA to determine where certain contaminants occur and whether it needs to regulate those contaminants. We monitored for these contaminants and results of monitoring are available on request."

Please contact us with your questions. We would like to be available to answer all your questions as you draft your CCR, but we have found that our office is inundated with questions as the deadline nears. You might be best served if you contact us before the end of May.

Failure to deliver the CCR by July 1st is a reporting violation and will result in an administrative fine. Contact our office for more information.

Updated Lansing District Responsibilities:
Please make note of the following updates to the Lansing staff and their responsible areas:

Michael Prysby, P.E., is responsible for District 11, which includes Genesee County. Mike can be reached on his cell phone at 517-290-8817.

Bethel Skinker, P.E., is responsible for District 12, which includes the counties of Eaton, Ingham, and Clinton (minus manufactured housing). Bethel can be reached on her cell phone at 517-290-0686.

Mark Joseph, P.E., is responsible for District 13, which includes Livingston County and the City of Ann Arbor in Washtenaw County. Mark can be reached on his cell phone at 517-290-0170.

Kurt Swendsen, Engineer, is responsible for District 14, which includes the counties of Gratiot, Lapeer, Shiawassee, and all manufactured housing community supplies in Clinton County. Kurt can be reached at 517-525-1487.

All Livingston County water supplies are again regulated through the Lansing District Office.

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING DISTRICT OFFICE

DAN WYANT
DIRECTOR

May 11, 2015

Mr. Howard Kroft, Director of Public Works
City of Flint
1101 South Saginaw Street
Flint, Michigan 48502

WSSN: 02310

Dear Mr. Kroft:

SUBJECT: Flint Cross Connection Control Program

This letter confirms my site visit on April 29, 2015, with Mr. Glen Thomas, Utilities/Cross Connection Division Inspector for the city of Flint. Mr. Stephen Busch from our office was also present. The purpose of the visit, in part, was to discuss the city's Cross Connection Control Program (CCCP).

The city of Flint has made significant progress in recent years regarding the implementation of the city's approved CCCP. This effort has included identification of accounts, inspection and re-inspection of accounts at the approved frequencies, and ensuring the testing of backflow prevention assemblies in accordance with approved frequencies. However, the city's most recent report of annual CCCP activities for 2014 indicates a significant decrease in these activities below minimum requirements, and this deficiency must be address.

Our office fully recognizes the recent staffing loss of the city's previous plumbing inspector and the importance of these plumbing inspection services in providing public health protection, but these activities should not be borne at the cost of the city's CCCP and the protections it provides. Given the bacterial detections that occurred in the city's water distribution system in August and September 2014, along with customer complaints regarding aesthetic water quality, the need for protection through cross connection control are very evident.

We also realize that implementing a CCCP of for a community water system of this magnitude requires a significant commitment of time and personnel. We encourage the city to review CCCP staffing needs and authorize the workforce necessary to comply with the city's approved CCCP requirements.

Should you require further information, please contact me at the telephone number below; via e-mail at prysbym@michigan.gov; or Department of Environmental Quality, P.O. Box 30242, Lansing, Michigan 48909.

Sincerely,

Michael F. Prysby, P.E.
District Engineer
Office of Drinking Water and
Municipal Assistance
Lansing District Office
(517) 290-8817

mfp/jlr

cc: Mr. Glen Thomas, City of Flint
Mr. Stephen Busch, P.E.

STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING

RICK SNYDER
GOVERNOR

DAN WYANT
DIRECTOR

February 27, 2015

Mr. Gerald Ambrose, Emergency Manager
City of Flint
1101 South Saginaw Street
Flint, Michigan 48502

Dear Mr. Early:

SUBJECT: S2 Grant Program
City of Flint
S2 Grant Project No. 9204-01

We are pleased to inform you that your final disbursement request (No. 7), in the amount of $66,650.62 was paid on February 13, 2014. The project plan was approved on December 13, 2013. The plans and specifications were approved on November 19, 2014. The State Revolving Fund (SRF) loan for Project No. 5439-01 was verified as self-funded via a construction start date of December 3, 2015. The subject S2 Grant project is now administratively complete.

Based on available grant funds, the final S2 Grant amount and local match are $717,531.49 and $79,725.51, respectively. The total final project cost is $797,257. For your files, I am enclosing the S2 Final Project Cost Summary from our database, which reflects and confirms the amounts on your final disbursement request.

Please note that the Michigan Financial Authority (MFA) or the Michigan Department of Environmental Quality (DEQ) may conduct an audit or other review of your project to determine whether Strategic Water Quality Initiatives Fund program requirements have been met. You will be notified in advance of any on-site review. Please retain all project records, whether in written or computerized form, for three years from the date of this letter. If requested, you must provide such records to the MFA, the DEQ, or their agents for inspection.

We are pleased that we could assist you in your effort to protect and preserve the water quality of our state.

If you have any questions, please call the project manager, Mr. Kurt Swendsen at 517-284-5418, or you may contact us by mail at DEQ, P.O. Box 30241, Lansing, Michigan 48909-7741.

Sincerely,

Sonya T. Butler

Sonya T. Butler, Chief
Revolving Loan Section
Office of Drinking Water and Municipal Assistance
517-284-5433

Attachment

cc: Mr. Daughtery Johnson, City of Flint
Mr. Jeff Markstrom, Rowe, Inc., Flint
Ms. Nichole Dorr, MFA
Mr. Chuck Bennett, DEQ-Water Resources Division, Lansing District Office
Ms. Debbie Martinson, DEQ

S2 Final Project Cost Summary

Project Number 9204-01

Grantee City of Flint **Location** City of Flint

Budget Item	Requested Costs	Approved Costs	Allowable %	Approved Final Costs
1 Planning Costs	$797,257.21	$797,257.21	100.0000%	$797,257.21
		Eligible Cost Subtotal		**$797,257.21**
		Less 10% Local Match		**$79,725.72**
		Total Approved Project Cost		**$717,531.49**

Line Items Final Planning Costs

Project Number 9204-01

Item	Desc. or Invoice Number	Requested	Ineligible	Approved	Reason	Cost Type
1	Rowe invoices 67422 - 69146	$65,568.17	$0.00	$65,568.17	DR1, 5 invoices	Incurred
2	invoice 0069223	$249,360.00	$0.00	$249,360.00	DR2	Incurred
3	invoice 70243	$49,906.40	$0.00	$49,906.40	DR3	Incurred
4	invoices 70514, 70686	$83,150.90	$0.00	$83,150.90	DR4	Incurred
5	invoices 70863, 71040, 71215	$153,141.87	$0.00	$153,141.87	DR5	Incurred
6	invoices 71393, 71545, 71719	$122,073.63	$0.00	$122,073.63	DR6	Incurred
7	invoices 72977, 72570, 72787	$74,056.24	$0.00	$74,056.24	DR7	Incurred
	Total:	$797,257.21	$0.00	$797,257.21		

City of Flint

Utilities Division

Dayne Walling
Mayor

Gerald Ambrose
Emergency Manager

February 9, 2015

Mr. Kurt Swendsen
Michigan Department of Environmental Quality
Constitution Hall
525 W. Allegan
Lansing, MI 48933

Re: City of Flint SRF Project Construction Phase
Project Status Report

Dear Mr. Swendsen:

The City of Flint is writing this letter to inform the MDEQ that the construction phase of the SRF project is underway. As you are aware, the City of Flint will be self-funding the construction project and will be performing most of the construction activities with our own utility crews. The following is a summary of the project as we stand today:

- Construction activities began on December 3, 2014
- To date our crews have been concentrating on rehabilitation of the sanitary manholes along Gilkey Creek, Swartz Creek, Carman Creek and Thread Creek which are tributaries of the Flint River. We have signed a contract with Liquiforce to perform the sewer lining items that the City of Flint staff is not able to self-perform.
- The City of Flint has allocated 2 crews consisting of 8 staff. The project is being managed by Rob Smith, our Sewer Systems Supervisor.
- Based on our understanding of the project, we anticipate construction activities to continue through the 2015 construction season with a completion date of November 2015.
- We have kept our consultant, ROWE Professional Services Company, apprised of our progress.

We trust that this letter addresses the concerns of the MDEQ relating to the progress of the SRF construction phase. If you have any questions or require additional information, please contact Daugherty Johnson, Utilities Administrator at djohnson@cityofflint.com.

Sincerely,

Jerry Ambrose
Emergency Manager

Cc: Daugherty Johnson, City of Flint
Jeff Markstrom, ROWE

Swendsen, Kurt (DEQ)

From: Daugherty Johnson <djohnson@cityofflint.com>
Sent: Thursday, February 19, 2015 11:21 AM
To: Swendsen, Kurt (DEQ)
Cc: Robert Smith; Jeff Markstrom
Subject: City of Flint SRF project progress
Attachments: SRF progress letter Feb 2015.pdf

Hell Kurt. I have attached a letter detailing our progress on our self funded SRF project. If you have any questions please call me at (810) 577-8906 or email. We will also send a hard copy of the letter.

Thank you
Daugherty Johnson
Utilities Administrator
City of Flint

Olszewski, Rosemarie (DEQ)

From: Busch, Stephen (DEQ)
Sent: Friday, May 01, 2015 12:17 PM
To: Prysby, Mike (DEQ); gthomas@cityofflint.com
Subject: RE: Premise plumning
Attachments: Final Genesee supplemental questionnaire 2-23-15.docx

Glen,

The attached questionnaire that would be utilized by the Local Health Department and Department of Health and Human Services provides additional detail of what to be on the lookout for (See Questions 12 and 13). As we indicated almost every service connection could potentially have some element associated with what is listed in this questionnaire, but we are just looking for a rough list of those with more non-typical appurtenances such as spas, grocery stores with spray/mist system, garden/nurseries with mist irrigation, etc., and those that Mike provided. Thanks.

Stephen Busch, P.E.
Lansing and Jackson District Supervisor
Office of Drinking Water and Municipal Assistance
MDEQ
517-643-2314

From: Prysby, Mike (DEQ)
Sent: Friday, May 01, 2015 9:56 AM
To: gthomas@cityofflint.com
Cc: Busch, Stephen (DEQ)
Subject: Premise plumning

Glen,

Based upon our discussion during our April 29th, 2015 site visit, approximately 40-45 commercial/industrial customers were identified as a potential candidate for needing a premise plumbing Water Safety Plan (WSP). Attached is a list of mechanical components within building premise plumbing to assist you in confirming this and/or identifying additional customers that could serve as WSP candidates. Please send us your completed list at your earliest convenience. Thanks.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

MDSS ID _____

Legionellosis Questionnaire
Genesee County, 2014-2015

Interviewer Identification

Date of Interview: _____ Interviewer's Name: _____
Health Dept.: _____ Phone Number: _____ E-mail: _____

What was the patient's outcome? ☐ *RECOVERED* ☐ *STILL ILL* ☐ *DIED* ☐ *UNK*

Patient Contact Information

Name:_____ Age:_____ Sex: ☐M ☐F
Street address: _____ City: _____
State:_____ Zip: _____ County:_____
Daytime Phone: _____ Evening Phone: _____

Surrogate Contact Information <*List surrogate contact information if patient is too unwell or has died*>

Name:_____
Daytime Phone: _____Evening Phone: _____
Relationship to Patient: _____

Hello, my name is _____and I'm calling from _____(health department). We are investigating a cluster of respiratory illnesses in Genesee County. At this point, the source of these illnesses is still under investigation. We are hoping this interview will provide further information and answers about the illnesses. I'd like to ask you a few questions about your home and your exposures during the 2 weeks before you got sick. You do not have to answer any of the questions, but any assistance you can provide is appreciated. Do you have about 30 minutes to talk? If not now, when would be a good time for me to call back? _____

<If the case is from more than 1 month prior, the following text may be used: >
It might be helpful for you to collect documents such as a calendar, receipts, credit card or bank statements to jog your memory about your activities and where you were in the 2 weeks prior to getting sick. The only information we would ask you to share from these are dates and locations. Would you like me to call you back after you have time to collect these materials? When would be a convenient day and time for me to call you back? _____

I have that your first symptom started on *<insert onset date>* _____. Is this correct?
☐Yes ☐No ☐ Not sure

If no, what was the first date you started feeling sick? ___/___/_____

List dates of exposure period: from ___/___/___ to ___/___/___ <The exposure period includes the 2 weeks before the date of illness onset>

MDSS ID _____

Illness Information

1.) During your illness, did you have any of the following symptoms?

	Check one:		
	YES	NO	UNK
Diagnosis of pneumonia			
Fever If yes, highest temp:_____			
Chills			
Cough			
Nausea			
Vomiting			
Diarrhea			
Aches or muscle pains			
Chest pain			
Shortness of breath			
Sore throat			
Headaches			
Other symptoms (*specify*):			

Exposure Information

2.) How long have you lived at your current residence? _____

<If they have moved since the listed exposure period, indicate that you are asking about the house they lived in prior to becoming sick>

a.) If you moved after the exposure period/illness, what was your previous residence address? _____

3.) Where did you get your tap (drinking and other household use) water from between ___/___/___ and ___/___/___ ? *<Exposure period from above>*

- ☐ 1. City of Flint Water
- ☐ 2. City of Flint Township Water
- ☐ 3. Other municipal water system
- ☐ 4. Private well
- ☐ 5. Unknown
- ☐ 6. Other _____

4.) During the last year, has the water pressure at your residence changed? ☐ Yes ☐ No ☐ Not Sure

a.) If yes, did the water pressure: ☐ Increase ☐ Decrease

b). If yes, when did the water pressure change occur? _____

MDSS ID _____

5.) During the last year, has the water quality (appearance, taste, smell) at your residence changed?
☐Yes ☐No ☐Not Sure
a.) If yes, please describe the change in the water quality:_____
_____
b). If yes, when did the water quality change occur? _____

6.) Prior to your illness, did you make any recent plumbing changes or repairs at your residence?
☐Yes ☐No ☐Not sure
a.) If yes, please describe the changes/repairs and give the dates the work was done.
_____
_____

7.) Prior to your illness, were there any water main breaks or other water line issues that affected the water at your residence, including boil water advisories? ☐Yes ☐No ☐Not sure
a.) If yes, please describe the water main/line issues or boil water advisories and give the dates they occurred.
_____
_____

I'd like to ask you some questions about what you did during the 2 weeks **before** you got sick.
The time period I'm asking about is between ___/___/___ and ___/___/___.*<Exposure period>*
During this 2 week period, did you:

8.) Work or volunteer, either full or part time? ☐Yes ☐No ☐Not sure
a.) If yes, complete the following table:

Job description	Company	Location	Any exposure to misty water?

9.) Spend any time in a hospital, doctor's office, clinic, or dentist office as a patient, visitor, employee, or volunteer? ☐Yes ☐No ☐Not sure
a.) If yes, check all that apply:

Exposure	Date(s)	Reason for Visit	Name & City of Hospital/ Office/ Clinic	Name of Doctor
Inpatient ☐	Admission_____ Discharge_____			
Outpatient ☐				
Visitor ☐				
Employee ☐				
Volunteer ☐				

MDSS ID _____

10.) Visit, reside, or work in a long term care facility, nursing home, assisted living facility, or senior living facility? ☐Yes ☐No ☐Not sure

a.) If yes, complete the following table:

Exposure	Date(s)	Name & City of Facility
Resident ☐		
Visitor ☐		
Employee ☐		

11.) In the 2 weeks before you before you got sick (__/__/__ to __/__/__), did you spend any nights away from home (excluding healthcare settings)? ☐Yes ☐No ☐Not sure

a.) If yes, complete the following table: *<prompts: hotel, campground, cabin, cruise, second home, with family, etc.>*

Accommodation Type/Name	Address Street, City, State	Floor/Room No.	Dates of Stay	
			Arrival	Departure

12.) In the 2 weeks before you before you got sick (__/__/__ to __/__/__), did you visit any of the following community venues?

	Check one:					
Venue	YES	NO	UNK	Date(s)	Name of Venue	Address
Hotel (*without* staying overnight – e.g. dinner, wedding)						
Auditorium						
Barbershop or Hair salon						
Car wash						
Casino						
Church or Place of worship						
Gym or Work out facility						
Grocery store						
Home improvement store						
Spa or Nail salon						
Mall or Department store						
Movie theater						
Other (*specify*)						

MDSS ID _____

13.) In the 2 weeks before you before you got sick (__/__/__ to __/__/__), did you have exposure to any of the following water sources, either ***at home*** or while ***away from home***?

	Check one:				
Exposures ***at home***	YES	NO	UNK	Dates (s)	Description: Name (or Type)/Location
Shower					
Use a detachable shower head or hose					
Hot tub, whirlpool spa, Jacuzzi tub					
Sat NEAR a working hot tub or whirlpool spa but did not get in					
Steam room or wet sauna					
Humidifier (whole house or portable)					If yes, specify type: If yes, what type of water is used in device? □Bottled □Tap □Other:_____
Respiratory therapy machine (e.g. nebulizer, CPAP, BiPAP, etc.)					If yes, specify type: If yes, what type of water is used in device? □Bottled □Tap □Other:_____
Other (*specify*)					

Exposures ***away from home***	YES	NO	UNK	Dates (s)	Description: Name (or Type)/Location
Shower at gym, work, other location					
Use a detachable shower head or hose					
Hot tub, whirlpool spa, Jacuzzi tub					
Sat NEAR a working hot tub or whirlpool spa but did not get in					
Humidifier (whole house or portable)					If yes, specify type: If yes, what type of water is used in device? □Bottled □Tap □Other:_____
Pool/splash pad/waterpark					
Recreational or cooling misters					
Steam room or wet sauna					
Decorative fountain					
Outdoor watering hose or sprinkler					
Beach, lake, pond, river, creek, etc.					
Other (*specify*)					

MDSS ID _____

Medical History

Now I'm going to ask a few questions about your medical history and health behaviors.

14.) Have you ever been told by a healthcare provider that you had any of the following conditions:

	Check one:			
Condition	YES	NO	UNK	Comments
Chronic kidney disease				
Weakened immune system (due to cancer, chemotherapy , radiation therapy, immunosuppressive meds, HIV, organ transplant, etc.)				
Diabetes				
Chronic lung disease (COPD, emphysema)				
Asthma or chronic bronchitis				
Heart disease or congestive heart failure				
Liver disease				
Other conditions (*specify*)				

15.) Health behaviors:

	Check one:			
	YES	NO	Quantity per day (packs or drinks)	Duration (years)
Are you currently a smoker?				
Are you a former smoker?				
Do you drink alcohol?				

16.) Do you know anyone else with similar symptoms? ☐ Yes ☐ No ☐ Not sure

a.) If yes, complete the following table:

Name	Phone	State of Residence	Details of Shared Exposure

Additional Comments _____

_____

_____

_____

_____

Thank you so much for taking the time to answer these questions. Do you have any questions that I can help answer? If you have any questions or remember any further details later, please contact the _____ (health department) at phone: _____.

Olszewski, Rosemarie (DEQ)

From: Busch, Stephen (DEQ)
Sent: Tuesday, March 17, 2015 2:02 PM
To: Howard Croft (hcroft@cityofflint.com); Brent Wright (bwright@cityofflint.com); mglasgow@cityofflint.com; Daugherty Johnson (djohnson@cityofflint.com)
Cc: Gerald Ambrose (gambrose@cityofflint.com); nhenderson@cityofflint.com; Prysby, Mike (DEQ)
Subject: Water Quality Optimization Strategy

Howard,

As Mike Prysby and I mentioned during our phone call earlier today, the City should be taking action to optimize water quality in the City's distribution system which will in turn provide the City's water customers with water quality that helps limit the potential for legionella occurrence in premise plumbing. It is recognized that contraction of Legionnaires' Disease is not from ingestion of potable water and not regulated under Safe Drinking Water Act requirements. Further, there is currently no direct evidence of legionella in the City's public water system. However, actions by the City of Flint water system can help minimize the potential for an outbreak in customer plumbing systems.

These actions include the following:

- Water main pigging and flushing to remove biofilm, tuberculation, and sediment throughout the distribution system. Failure to remove such material will limit the effectiveness of any disinfectant. Pigging is the preferred process and equipment can be obtained at minimal cost. As the growth range for legionella starts at 68 degrees F, conducting this work as soon as possible in the spring and early summer with cooler temperatures would help reduce the potential for formation under warmer water conditions.

- Maintain pH levels of 7.2-7.8 in finished water and distribution system when possible to maximize the disinfection and oxidation potential of the hypochlorous acid residual (versus the less potent hypochlorite ion). Any optimized corrosion control plan practices regarding pH levels must be taken into consideration.

- Maintain a minimum free chlorine residual of 0.5 mg/L throughout the distribution system when possible. Continuous residual at this level has been shown to be effective in control of legionella. (This will need to be balanced with requirements to limit TTHM formation and comply with the TTHM standard.)

- Continuous operation and optimization of the ozone treatment equipment to treat raw source water. Ozone is highly effective in the destruction of legionella bacteria.

- Conduct routine monitoring for legionella bacteria at the water treatment plant tap and at locations in the distribution system. Note: sample locations must take water directly off the main and not be from premise plumbing systems. Distribution locations could include storage tank inlets or pumping stations. Monitoring at the WTP plant tap would demonstrate removal of any legionella present in raw source water. A private laboratory that specializes in water sample analysis for legionella would need to be used.

- Optimize water treatment plant operation for pathogen reduction under surface water treatment rule requirements. Optimizing the removal for similar pathogens can help reduce the potential for legionella.

A conference call with City staff would probably be best to facilitate further discussions of these actions in more detail. Mike and I can make ourselves available this week to discuss and answer any questions.

Stephen Busch, P.E.
Lansing and Jackson District Supervisor
Office of Drinking Water and Municipal Assistance
MDEQ
517-643-2314

Olszewski, Rosemarie (DEQ)

From: Prysby, Mike (DEQ)
Sent: Friday, February 20, 2015 8:41 AM
To: 'bwright@cityofflint.com'
Subject: call

Brent,

Are we having a conference call today? I am available, give me a time for the call and I will make my-self available.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

Olszewski, Rosemarie (DEQ)

From: Prysby, Mike (DEQ)
Sent: Friday, April 03, 2015 11:55 AM
To: Michael Glasgow; 'bwright@cityofflint.com'
Subject: Flint MORs

Mike, Brent

I was looking at Flint's MORs and I just noticed that ozone treatment parameters (ozone dosage and residuals) are not included. Ozone treatment parameters need to be included in the MOR. Please include this in future MORs. Also, if you can resurrect the ozone treatment parameters from previous months of operation (since going to the Flint River).....we would like that information to include in the previous MORs. Thanks.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

Olszewski, Rosemarie (DEQ)

From: Prysby, Mike (DEQ)
Sent: Friday, February 06, 2015 1:48 PM
To: emurphy@cityofflint.com
Cc: 'bwright@cityofflint.com'
Subject: Flint River Source Water Assessment
Attachments: Flint River Source Water Assess..doc

Elizabeth,

Attached is a copy of the Flint River Source Water Assessment report for your information. Water treatment plant staff should have a copy of this report, if not, please provide them with a copy.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

Source Water Assessment Report for the City of Flint Water Supply Flint River Emergency Intake February 2004

City of Flint Water Treatment Plant, Flint, Michigan

Prepared for:

City of Flint Water Supply; WSSN 2310

Prepared by:

U.S. Geological Survey, Water Resources Division, Michigan District
Michigan Department of Environmental Quality, Water Division
City of Flint Water Utilities Department

Michigan Source Water Assessment Report 54

Executive Summary

The purpose of the Source Water Assessment is to analyze the sensitivity and determine susceptibility of a community's source of drinking water to potential sources of contamination.

Sensitivity is determined from the natural setting of the source water (raw water to the water treatment plant), and indicates natural protection afforded the source water. Using procedures established in the Great Lakes Protocol, Michigan Source Water Assessment Program, the ***emergency*** *intake for the Flint Water Treatment Plant has a very high degree of sensitivity to potential contaminants. When the effects of agricultural and urban runoff in the Flint River watershed are considered, the Flint intake is categorized as very highly sensitive.*

Susceptibility identifies factors within the community's source water area that may pose a risk to the water supply. The susceptibility determination provides information with respect to listed facilities and land areas within the source water area that should be given greater priority and oversight in implementing a source water protection program. The source water area for the Flint ***emergency*** *intake includes 96 potential contaminant sources, 16 listed potential contaminant sources within the susceptible area, plus urban and agricultural runoff from the Flint River watershed into the Flint River. The potential contaminant sources, in combination with the very highly sensitive intake, indicate that the Flint* ***emergency*** *intake source water is very highly susceptible to potential contamination.*

The Flint ***emergency*** *intake source water is categorized as very highly susceptible, given land uses and potential contaminant sources within the source water area. However, it is noted that when operating, the City of Flint Water Treatment Plant has effectively treated this source water to meet drinking water standards. The City of Flint has instituted pollution prevention programs, but should be cognizant of additional potential threats to its source of drinking water that are identified in this report. This report explains the background and basis for these determinations.*

Using this Assessment

Clean, safe drinking water is fundamental to the viability of any community. Protecting the drinking water source is a wise and relatively inexpensive investment in your community's future. The overall intent of this assessment is to provide background information for your community to use in developing a local source water protection program. The assessment benefits your community by providing the following:

- ***A basis for focusing limited resources within the community to protect the drinking water source(s).***

  The assessment provides your community with information regarding activities within the **source water area (SWA)** that directly affect your water supply. It is within this SWA that a spill or improper use of **potential contaminants** may cause these contaminants to migrate toward the water **intake**. By examining where the source waters are most susceptible to contaminants, and where potential contaminants are located, the assessment clearly illustrates the potential risks that should be addressed.

- ***A basis for informed decision-making regarding land use within the community.***

  The assessment provides your community with a significant amount of information regarding where your drinking water comes from (the source) and what the risks are to the quality of that source. Knowing where the resource is allows your community planning authorities to

make informed decisions regarding proposed land uses within the SWA that are compatible with both your drinking water resource and the vision of growth embraced by your community.

- ***A basis for dealing with future regulations.***

  The assessment has been designed to functionally meet proposed requirements for surface-water supplies. Information needed to address regulatory needs and requirements has been collected and made available to your community through this report.

This source water assessment also provides the basis for a locally developed, voluntary source water protection program. Communities interested in voluntarily developing source water protection programs should contact the Michigan Department of Environmental Quality (MDEQ) or visit the Department web page at http://www.deq.state.mi.us.

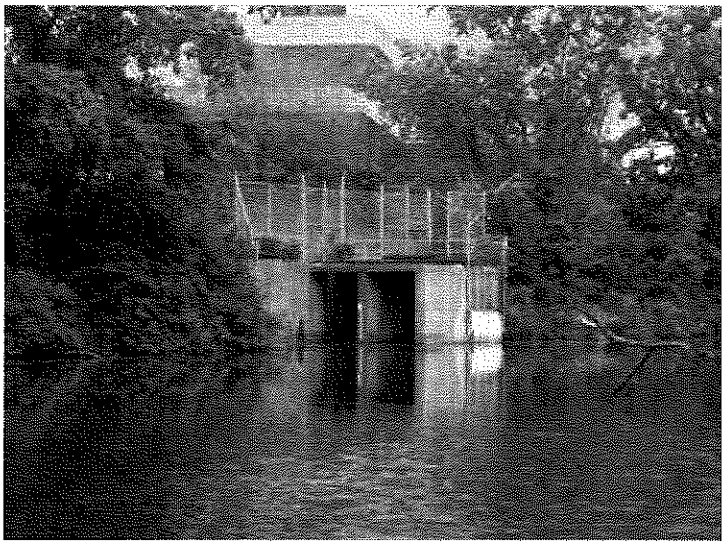
Introduction

In 1996, Congress amended the **Safe Drinking Water Act** and provided resources for state agencies to conduct source water assessments by identifying SWAs, analyzing the **sensitivity** of the source to natural conditions, conducting contaminant source inventories, and determining the **susceptibility** of the source to potential contamination. Delineations, sensitivity analyses, contaminant inventories, and susceptibility determinations comprise a "source water assessment." Assessments will be completed for every public water supply source in Michigan. To support this effort, the MDEQ Water Division established a partnership with the U.S. Geological Survey (USGS) to develop a method for conducting source water assessments for surface water supplies (Sweat and others, 2000; Sweat and others, 2001).

The requirements for public water supplies in Michigan to meet United States Environmental Protection Agency (USEPA) **maximum contaminant levels** (MCLs) provide some degree of assurance of safe drinking water; however, all systems are vulnerable to potential contamination. One of the best ways to ensure safe drinking water is to develop a local program designed to protect the source of drinking water against potential contamination. Not only does this add a margin of safety, but it also raises the awareness of consumers and/or the community of the risks of drinking water contamination. It is expected that source water assessment results will provide a basis for developing a source water protection program.

Background

Flint is located in Genesee County, about 55 miles northwest of Detroit, Michigan (fig. 1). The city of Flint water supply serves a population of 125,000. In 1967, the city connected to the Detroit Water and Sewage Department (DWSD) water supply and the Flint Water Treatment Plant (WTP) was placed on stand-by operation. The city is required by the MDEQ to maintain this treatment facility for reliabilty since the city obtains treated water through a single pipeline from the DWSD Lake Huron WTP which is subject to interruption of service. The present intake at the Flint WTP was constructed in 1948 and consists of a concrete box structure on the edge of the Flint River. The intake structure has a bottom elevation of 700.00 and connects through a 72-inch concrete pipe to the low service pump station. Low service pumps lift the river water through the WTP processes of conventional treatment and lime-soda softening .



Flint WTP Emergency, Flint River Intake Structure (Viewed from downstream)

Treatment at the plant includes the addition ferric chloride as a coagulant, lime and soda ash for softening, chlorine for disinfection, and fluoride addition for dental health.

Water treatment plants are periodically inspected to identify construction, maintenance, operational or source defects that could make them vulnerable to contamination, particularly from contaminants that are microbial in nature, such as fecal coliforms. Water suppliers are provided a sanitary survey report that notes deficiencies in the system, and the State may direct the system to make necessary corrections. The sanitary survey is an important part of a safe drinking water program.

Climate

The Flint water supply is located in the central Lower Peninsula hydrologic province (Rheaume, 1991), in the Flint River watershed (USGS, 1974, 1982). The region experiences temperate summers with moderate winters. The Flint Bishop International Airport Weather Bureau station reports that the average annual precipitation for the climatic years 1887-2001 was 30.28 inches and the average from the past 5 years is 31.42 inches (NOAA, 2001), with about 13 percent of that as snowfall between November and March. Annual average runoff for the Flint SWA, extrapolated from Miller and Twenter (1986, fig. 1) is 9 to 10 inches.

Source Water Area Geology and Hydrology

The study area for evaluating the extent of the Flint emergency intake SWA includes the upper reaches of the Flint River watershed (fig. 1). Flint is located roughly in the middle of the Flint River watershed. The SWA consists of lacustrine clays and silts; end moraines of coarse- and medium-textured till; fine-, medium-, and coarse-textured glacial tills ; and postglacial alluvium. The SWA is underlain by Bayport Limestone, Marshall Sandstone and mixed shales, sandstones, and limetsones of the Saginaw and Michigan Formations (Martin, 1955; Milstein, 1987). Soils underlying the Flint SWA are primarily associations of the Blount, Boyer, Brookston, Capac, Ceresco, Celina, Chelsea, Cohoctah, Conover, Del Ray, Kibbie, Lapeer, Lenawee, McBride, Metea, Miami, Montcalm, Sloan, Spinks series (U.S. Department of Agriculture, 1961; BASINS, 1998; MIRIS, 2000). They include loams, loamy sands, fine sandy loams, silty clay and muck.

Flint River – Source Water for City of Flint WTP

Soil permeability is based on the calculated time of travel, in inches per hour (in/hr), for water to move vertically through a saturated soil zone. Soil thickness and permeability values are available in soil survey reports published by the National Cooperative Soil Survey and U.S. Department of Agriculture (1982, 1992, 1993, also 2 county reprints in press). Permeability ranges from less than 0.06 in/hr, rated as very slow, to more than 20 in/hr, rated as very rapid.

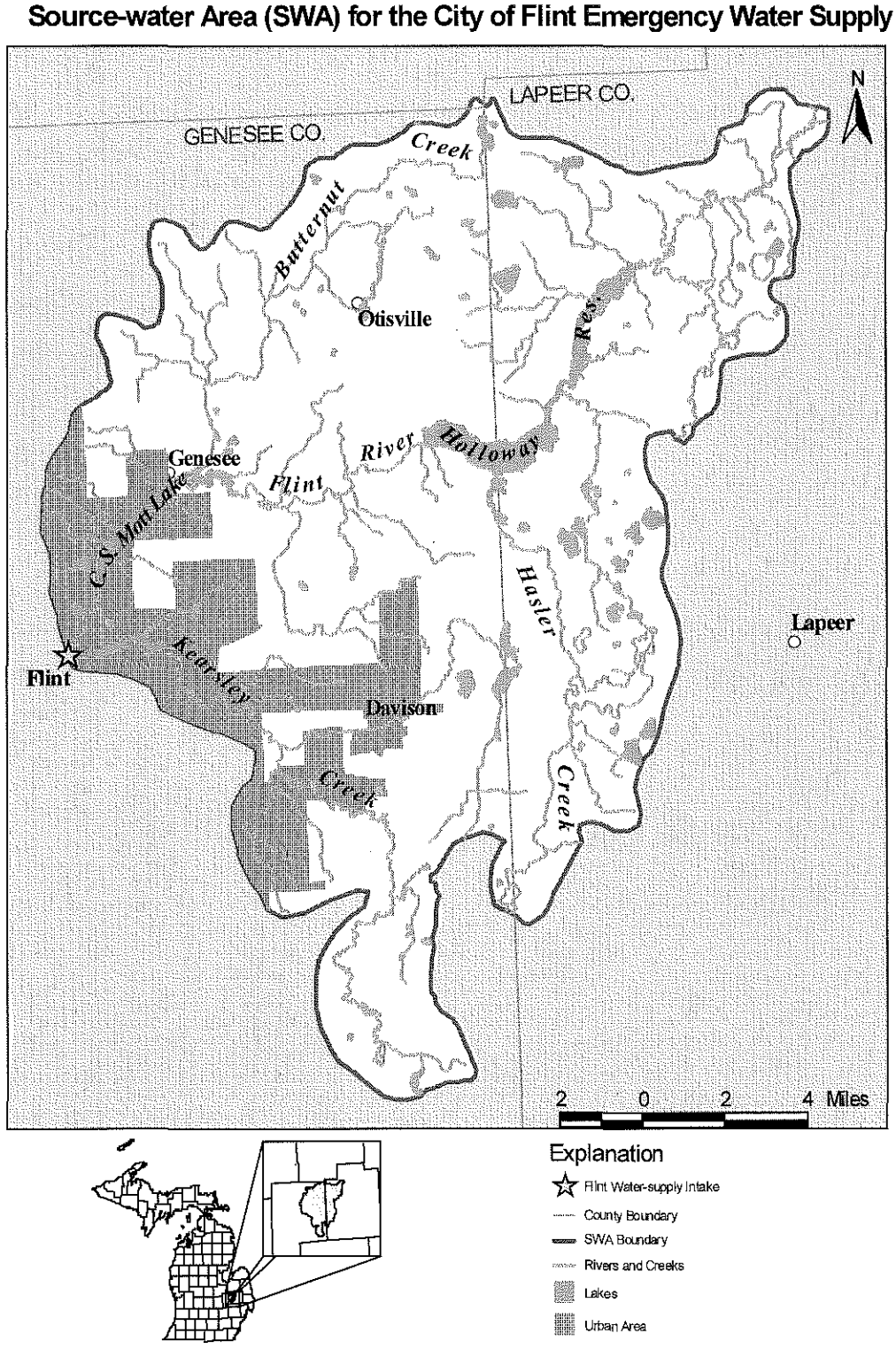
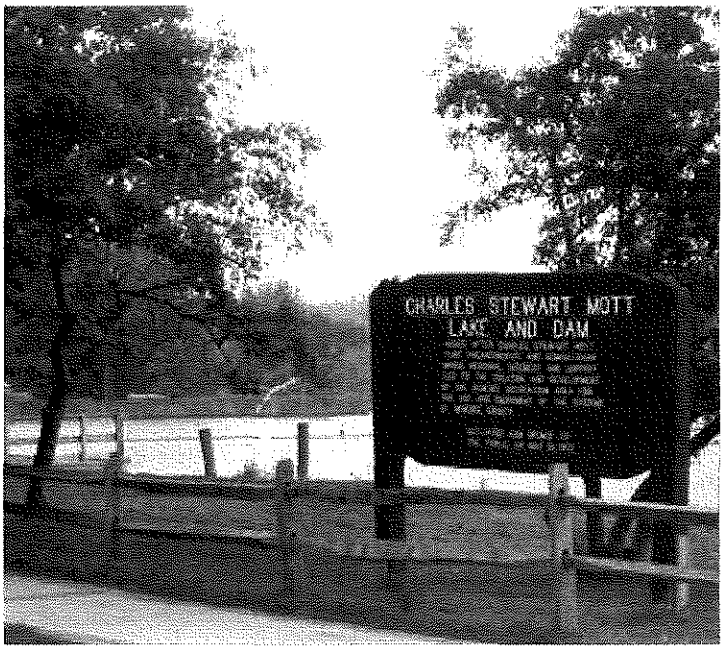


Figure 1. Source-water area (SWA) for the evaluation of the Flint emergency intake, Flint, MI.

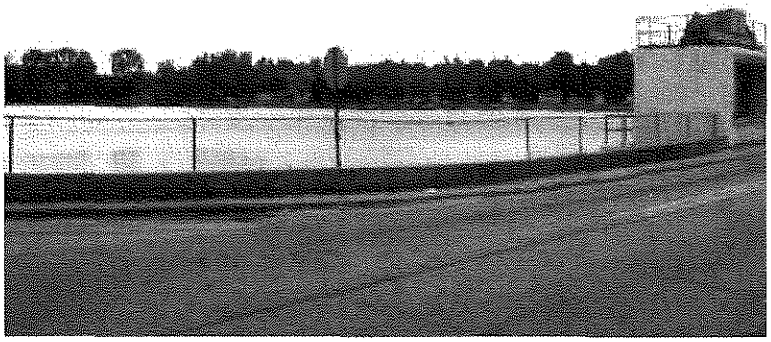


Mott Lake and Dam on Flint River upstream of Flint WTP

Very slowly permeable soils significantly reduce the movement of water through the soil zone and, as a result, allow greater time for natural degradation of contaminants. However, such soils also provide for rapid overland transport of contaminants directly to receiving waters, which in turn may affect the water supply intake. Erosion and transport of soils by surface waters can cause an increase in turbidity. In contrast, very rapidly permeable soils allow for rapid infiltration and passage through the soil zone from the surface. Such soils potentially allow rapid transport of contaminants with minimal contact-time available for contaminant breakdown.

Mean, area-weighted, depth-integrated permeabilities for the Flint SWA range from 0.6 to as much as 7.8 in/hr. The mean permeability is 3.1in/hr (Schneider and Erickson, undated, series of 5 maps; BASINS, 1998; MIRIS, 2000). Soil permeability ranges from moderately slow in the northeastern portion of the SWA to moderate over the eastern portion of the SWA to moderately rapid throughout the central and western portions of the SWA, and rapid around the Flint River (fig. 2; U.S. Department of Agriculture, 1961; BASINS, 1998; MIRIS, 2000). Areas adjacent to the Flint River are underlain by highly sensitive drift lithologies, whereas the remainder of the SWA is underlain by least sensitive drift lithology (Lusch and others, 1992).

The Flint SWA contains an area of about 237 square miles (mi2). There are is one operable gage within the Flint SWA and a Flint River gage which operates approximately 9 miles downstream from the Flint Emergency Intake. Between 1932 and 2002 discharge has been recorded at this station by the USGS (Blumer and others, 2002). Annual mean discharge at the Flint River at Flint gauging station was 339 cubic feet per second (cfs) between 1932 and 2001, and ranged from 153 to 1258 cfs. Velocity measured at this stream gage was used to estimate the distance in which contaminants could travel within 24 hours, or the 24-hour time-of-travel (TOT) for this area on the Flint River. The distance calculated for the 24-hour TOT was approximately 27 miles.



Kearsley Lake and Dam on Kearsley Creek Upstream of Discharge to Flint River and Flint WTP Emergency Intake

Soil Permeability for the Flint Source-water Area, Flint, MI

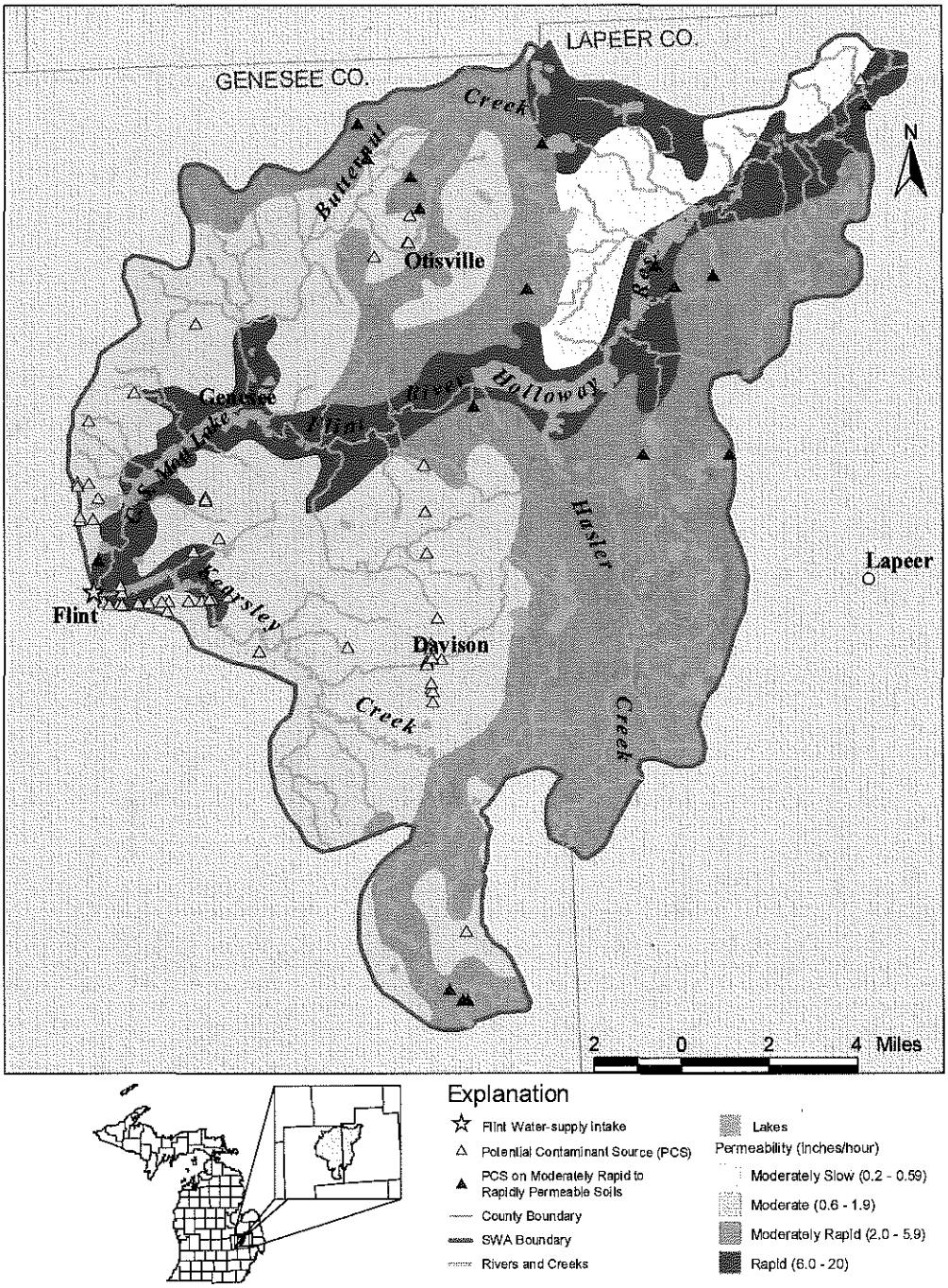


Figure 2. Soil permeability for the Flint emergency water-supply intake SWA. Flint, MI.

History of Raw Water Quality at the Source

Public water supplies are required to routinely monitor raw water quality for selected parameters to optimize treatment, and to monitor treated water quality for a list of contaminants that is determined by MDEQ and the Safe Drinking Water Act. A detection of any contaminant may indicate that a pathway exists for contaminants to reach the intake. It is important to realize that the results from a given sample only provide information regarding the water quality at the time the sample was collected. Water quality can change with time for a number of reasons. The fact that a water sample does not contain contaminants is no guarantee that contamination will not occur in the future. Conversely, the detection of a contaminant in the past does not indicate that it will occur in the future.

The Flint WTP records for the last 3 years of routine operation, 1965-1967 show that water use fluctuated between 34.4 and 46.5 million gallons per day (MGD), with an average daily use of 38.5 MGD. Raw water quality reported for these three years ranged from 5 to 183 nephelometric turbidity units (NTU) for turbidity, 203 to 375 mg/l total hardness as CaCO3, 116 to 235 mg/l alkalinity as CaCO3, 16 to 46 mg/l chlorides and 8.2 to 8.5 units for pH. Precipitation events were noted to increase turbidity and lower hardness. An analysis of flow duration for the Flint River and source water chemistry would probably indicate that there may be an indirect correlation between turbidity, suspended sediments, and coliforms and high flows associated with spring snowmelt and precipitation runoff events.

In recent years, the Flint WTP has undergone operational and process improvements for water treatment. Raw water quality during these testing periods when the WTP was operating but discharging to waste are noted in the table below.

Date of Tests	Turbidity	Total Organic Carbon	pH	Alkalinity	Hardness
	(NTU)	(mg/l)	(pH units)	(mg/l)	(mg/l)
12/5-7/2000	4.2	8.75	7.8	249	324
1/16-18/2001	2.4	8.5	7.7	275	363
3/20-21-2001	5.4	N/A	7.9	196	266
4/16-18/2001	7.6	8.6	8.2	213	284

Source Water Assessment Methodology

Technical guidelines for completing source water assessments are contained in the Michigan Source Water Assessment Program, Assessment Protocol for Great Lakes Sources (Protocol) (MDEQ, 1999, Appendix L) available at http://www.deq.state.mi.us/dwr. In general, an assessment is a process for evaluating a drinking water supply and the potential for its treated water to exceed an MCL due to raw water contamination. A source water assessment considers the SWA, potential sources of contamination within the SWA, conditions of the water supply intake, and susceptibility to contaminants in order to identify potential risks to drinking water quality. Although the Protocol provides the minimum requirements and instructions on how to conduct an assessment, each water supply is unique with respect to how the process is carried out, due to local conditions and information. Sweat and others (2000, 2001) have developed and documented the methodology used in the preparation of this assessment.

Delineating Source Water Areas

Delineation of the SWA is accomplished by using geographic information system (GIS) software to map the watershed(s) that have the potential to affect source water at the intake. Using information from the water supply, a critical assessment zone (CAZ) is defined for the intake (MDEQ, 1999, Appendix L). A buffer is then created along any shoreline intersected by the CAZ, and from the edge of the CAZ to the mouth of any river(s) that might influence the intake. Finally, the buffer is extended along the shoreline of any river(s) that might influence the intake, from the mouth of the river to its headwaters. The area defined by the CAZ, river and shoreline buffers is termed the susceptible area. The susceptible area within the SWA defines locations where a water supply should focus its management strategies and resources to benefit the drinking water resources.

Using the Great Lakes Protocol and the Flint water supply information:

- The CAZ for the Flint intake is assigned as 3,000 ft since the intake is located in an inland river (fig. 3).
- The susceptible area along the shoreline is determined to be: A distance of 300 ft inland along the banks of the Flint River and its tributaries (fig. 4).

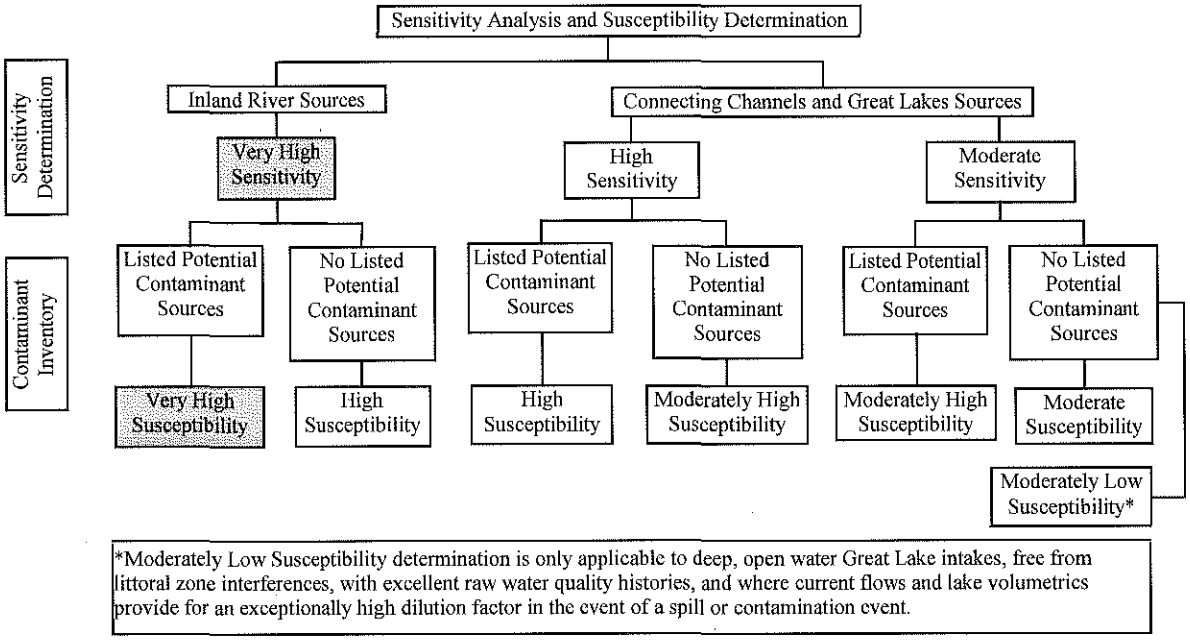


Figure 53. Surface-water source sensitivity analyses and susceptibility determination for the Ann Arbor Flint emergency water-treatment-plant source-water areas.

Contaminant Source Inventory

Past, current, and potential future sources of contaminants were inventoried to identify several categories of potential sources of contaminants including microorganisms (bacteria, oocysts, and viruses), inorganic compounds (nitrates and metals), organic compounds (solvents, petroleum compounds, pesticides), and disinfection by-product precursors (trihalomethanes, haloacetic acids).

It is important to remember that sites and areas identified by this process are only potential contaminant sources used and managed properly. In addition, assumptions were made about particular types of land uses and risks associated with those land uses. Assumptions are discussed further in the results portion of this report.

The process for completing the inventory included several steps, which are summarized as follows:

1. Reviewed readily available land use maps and historical/current aerial photographs.
2. Plotted relevant information from applicable state and federal regulatory databases including the following lists:
    - MDEQ leaking underground storage tank (LUST) sites;
    - MDEQ registered underground storage tank (UST) sites;
    - MDEQ Environmental Cleanup Site Information System (ECSI) sites;

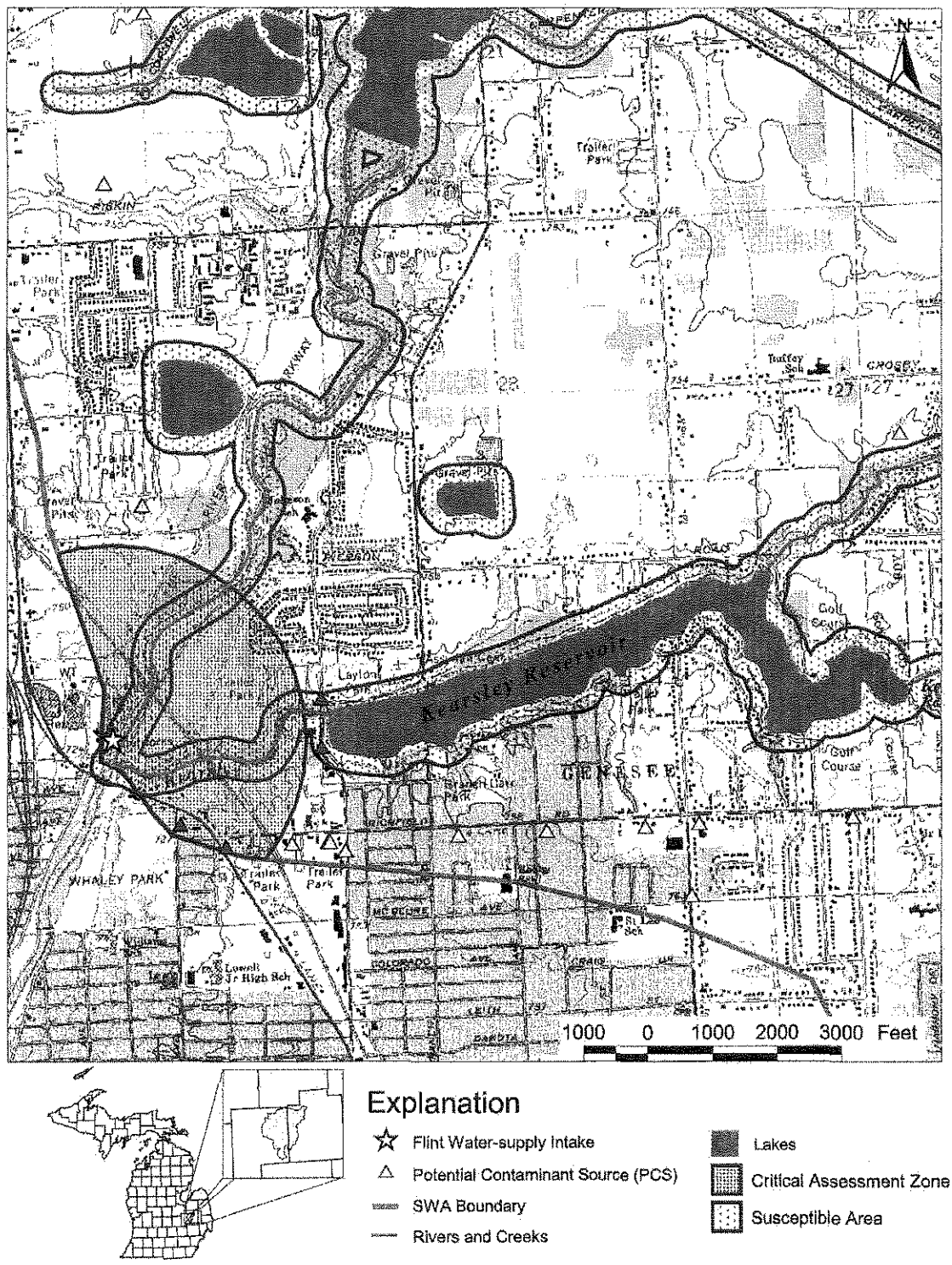


Figure 4. Critical Assessment Zone (CAZ) for the Flint emergency water-supply intake, Flint, MI.

- ·MDEQ Source Information System (for water discharge permit sites including National Pollutant Discharge Elimination System (NPDES) permits, Water Pollution Control Facility (WPCF) permits, storm water discharge permits, and on-site sewage (septic) system permits);
- ·MDEQ Underground Injection Control (UIC) database;
- ·MDEQ Active Solid Waste Disposal Permits list;
- ·Michigan Department of Transportation (MDOT) - Hazardous Materials database;
- ·State Fire Marshall registry of above-ground fuel storage tank sites;
- ·State Fire Marshall Hazardous Material Handlers and Hazardous Material Incidents (HAZMAT) sites;
- ·U.S. EPA BASINS software, version 2.1.
- ·U.S. EPA Envirofacts database;
- ·U.S. EPA Resource Conservation Recovery Act (RCRA) generators or notifiers list;
- ·U.S. EPA RCRA Treatment, Storage, and Disposal Facility (TSDF) Permits list;
- ·U.S. EPA National Priorities List (NPL);
- ·U.S. EPA Comprehensive Environmental Response, Compensation and Liability Information System (CERCLA) List;
- ·U.S. EPA RCRA Corrective Action Activity List (CORRACTS);
- ·U.S. Department of Transportation (DOT) Hazardous Materials Information Reporting System (HMIRS);
- ·U.S. EPA Toxic Chemical Release Inventory System (TRIS); and
- ·U.S. EPA Oil Pollution Act of 1990 Spill Response Atlas

3. Met with public water supply and community officials on June 11, 2003 to identify potential sources not listed elsewhere in databases or on maps and completed a preliminary inventory form to be used in completing the SWA base map. Subsequent contacts by email and telephone on numerous occasions to request additional data, clarify data, and discuss results.
4. Land use and/or ownership (for example, residential/municipal; commercial/industrial; agricultural/forest; and other land uses) was mapped and evaluated in relation to PCS, soil characteristics, and proximity to the intake(s).
5. Conducted an informal field inventory to locate additional PCS.
6. Completed final inventory form of PCS and plotted locations of PCS on the base map.

The purpose of the inventory is three fold: first, to provide information on the location of PCS, especially those within the susceptible area; second, to provide an effective means of educating the public about PCS; and third, to provide a reliable basis for developing a management plan to reduce potential contaminant risks to the Flint water supply.

The inventory process attempts to identify potential point-source contaminants within the SWA. It does not include an attempt to identify specific potential contamination problems at specific sites, such as facilities that do not safely store potentially hazardous materials. However, assumptions were made about particular types of land use. For example, it is assumed that rural residences associated with farming operations have specific potential contamination sources such as fuel storage, chemical storage and mixing areas, and machinery repair shops. It should also be noted that although the inventory depicts existing agricultural uses (crops grown), these are likely to undergo continual change due to normal crop rotation practices. What is irrigated farmland now may be non-irrigated farmland next year, or vice versa.

The results of the inventory were analyzed in terms of current, past, and future land uses and their relationship to the susceptible area and the supply intake. In general, land uses and PCS that are closest to the supply intake pose the greatest threat to a safe drinking water supply. Inventory results are summarized in table 1, and are shown on figure 5.

Many PCS are readily identifiable because they have a single discharge point, and often a permit is required for these discharges. However, other PCS have diffused, poorly defined discharge locations. These are known as non-point discharges because they occur over large areas and may not be quantifiable by readily accepted methods. These non-point source discharges are difficult to identify and control, and consequently to quantify, yet they are a major source of water pollution (Carpenter and others, 1998). Non-point sources also include atmospheric deposition over water and land, and include urban, rural, and

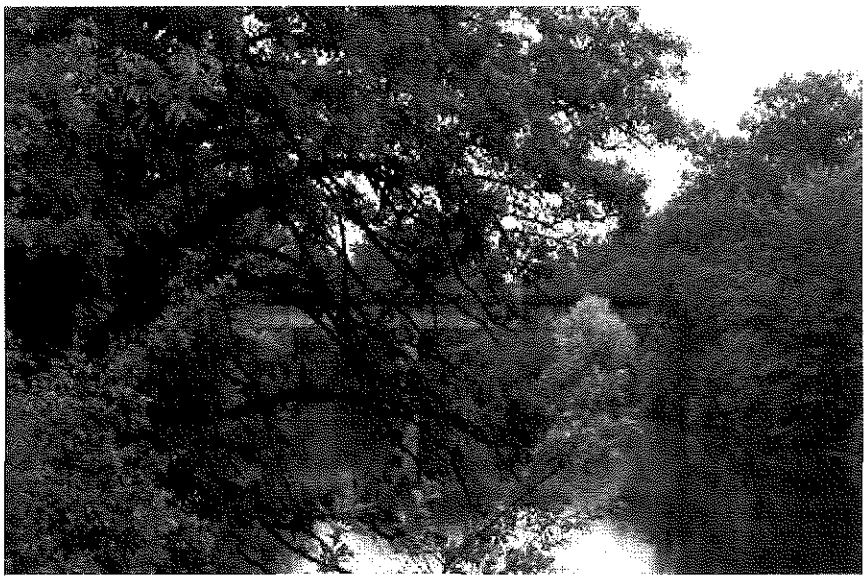
Table 1. Potential contaminant sources in the source water area

Type of Potential Contaminant Source (PCS)	Number of PCS	Number of PCS in Susceptible Area
Hazardous or solid waste site permits	71	11
Industrial facility discharge site permits	9	3
National priority list sites	1	0
Permit compliance system	12	2
Toxic release inventory permits	3	0
TOTALS	96	16

agricultural runoff from areas such as lawns, golf courses, farm fields, pastures, parking lots, and roadways. Runoff from these areas can contain many types of pollutants including sediments, metals, organic and inorganic chemicals, viral and bacterial pathogens, pharmaceuticals, and animal wastes. Transportation also represents a non-point source of contamination. Trucking and railroads transport potential contaminants through the SWA. An accident causing a spill could lead to potential contaminants entering a storm sewer, or in the case of boaters or rail transportation, directly to the Flint River. Petroleum pipeline crossing the upper reaches of the Flint River also pose contaminant threats.

Non-point sources of concern to the Flint water supply are primarily from storm sewers and from industrial, commercial, and residential sources in the SWA and communities upstream of the intake. A railroad bridge immediately upstream in the CAZ of the intake carries occasional train traffic described as hazardous. The West Boulevard storm sewer which discharges in the CAZ provides drainage to the Flint River from an industrialized area.

The Michigan Department of Agriculture is working to identify dairies and concentrated animal feedlots (greater than 1000 animal units) in the Flint River watershed upstream of the intake.



Railroad Trestle over Flint River Immediately Upstream of Flint WTP

The U.S. Environmental Protection Agency (USEPA) has identified one impaired water body in the Flint SWA on its Clean Water Act 303(d) list. The parameter of concern within the Holloway Reservoir is fish consumption advisories for PCBs. An additional impaired water body exists upstream of the SWA but not within the SWA itself. This water body is the collective of unnamed drains in Metamora, and the parameters of concern are untreated sewage discharge and pathogens (MDEQ, 2002).

In general, PCS within the susceptible area pose greater risks than those outside the susceptible area. The presence of PCS within the SWA indicates potential sources of chemicals that could, if improperly managed or released, impact the water quality at the intake. Small quantities of these chemicals, in some

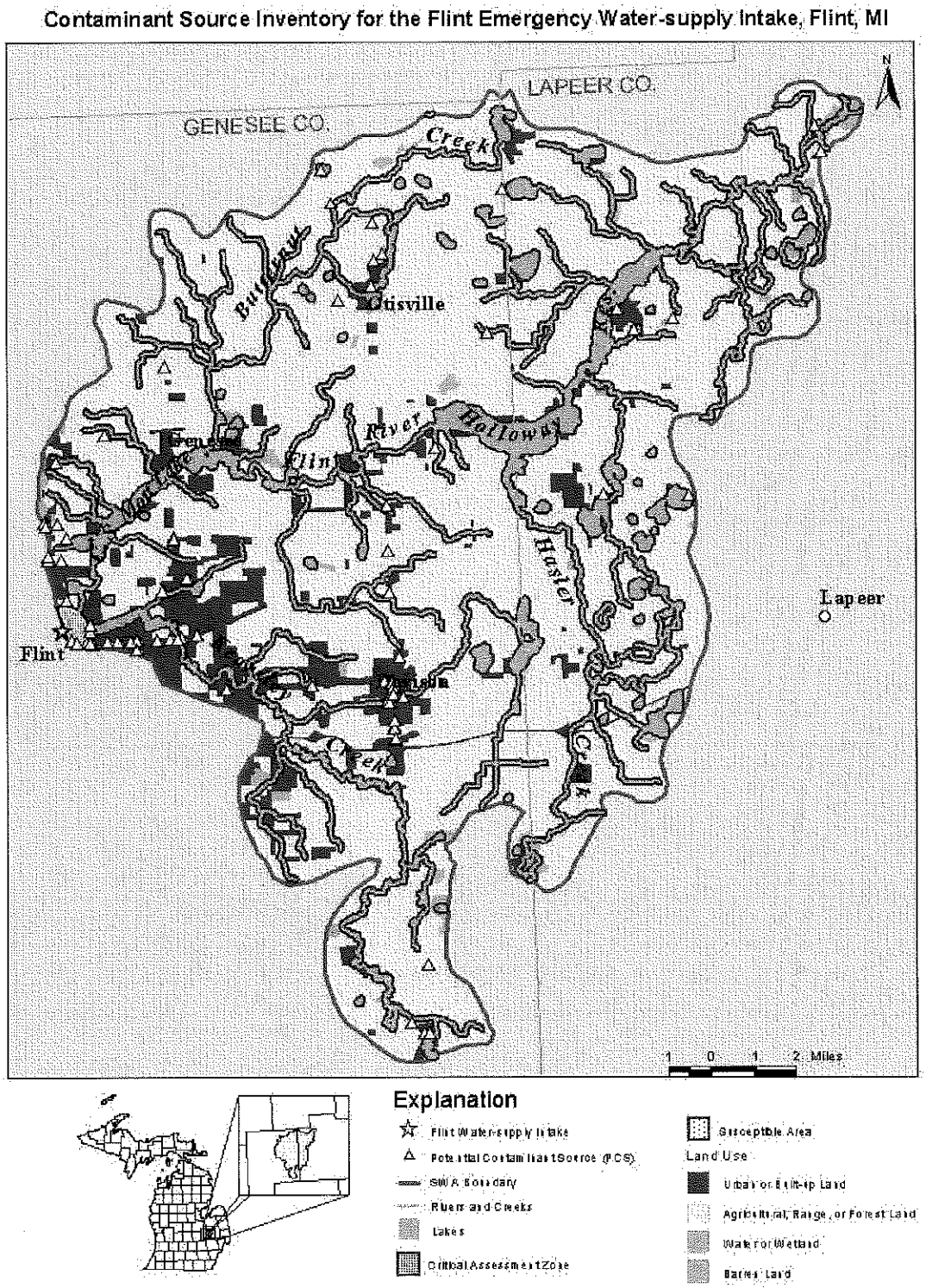


Figure 5. Potential Contaminant Sources in City of Flint Source Water Area, Flint, Michigan

cases less than a liter, can significantly affect the supply. Also of concern is the location and distribution of these sources with respect to highly permeable soils. The susceptible area consists of primarily agricultural and forested land with some urban areas. Overlaying the PCS locations and the moderately rapid to rapidly permeable soil map for the Flint SWA indicates that 21 of the located PCS are located on or very near to areas with moderately rapid to rapidly-permeable soils. All PCS within the SWA should be addressed; the susceptibility determination, however, provides the water supply with the tools to focus resources where the greatest risk occurs. The results of the PCS inventory performed for Flint water supply is shown on figure 5 and is summarized as a function of PCS locations relative to the susceptible area. The inventory results indicate that there are 7 PCS, holding 8 permits for discharge, within the susceptible area (table 2).

Table 2. Contaminant source inventory.

Site Name	Identification Number	Reason for Permit	Reason for Listing as Potential Contaminant Source
DAVISON OIL AND GAS BURTON STA 7	MI0000540310	On-Site Storage	Hazardous and Solid Waste Site
H AND M SVC	MID985612225		
KINNIES PARTY STORE	MID985597657		
ZACK CO	MID002975225		
EVERGREEN CLEANERS	MID981539711		
DORT HWY INC	MID985579945		
SUPER GO MARKETERS INC	MID985583053		
PIONEER CABINETRY INC	MID985605849		
DAVISON CITY OF	MID985625136		
MID MICHIGAN AUTO PARTS INC	MID985654789		
CLARK STORE 1849	MI0001853613		
FORD-NORTHVILLE PLT	MI0024643	Process, Treatment, and Waste Waters	Industrial Facilities Discharge Site
FOREST WASTE PRODUCTS	YCRCLA276		
OTISVILLE WWTP [a]	MI0028720		
ORCHARD COVE WWTP	MI0054755	Waste Water, Dust, and Process Water	Permit Compliance System
OTISVILLE WWTP [a]	MI0028720		

Note: Subscript denotes multiple permits

Sensitivity Analysis

Sensitivity is the natural ability of a SWA to provide protection against the contamination of the water supply intake, and includes physical attributes of lakes, rivers, and soils. The sensitivity analysis requires consideration of several different variables related to the natural environment, for example:

- ·Water quality history of the source.
- ·Distribution of moderately to highly-permeable soils.
- ·Amount of available water from precipitation or runoff.
- ·Potential for runoff to affect the intake.
- ·Nature of the intake, including: depth, distance from shore, age, and materials used.
- ·Surface water flow patterns in vicinity of intake.

To perform this analysis, USGS, MDEQ, and the operator of the Flint WTP collected, researched, and analyzed information from the WTP, monthly operator reports, sanitary surveys, soil maps, published reports, and historical plant operation and raw water quality data. The Michigan SWAP has three categories of sensitivity for surface water sources ranging from moderately sensitive to very highly sensitive. Analysis of this information, using guidelines provided in Brogren (1999) and Sweat and others (2000, in press), indicates that the Flint intake is at the high end of this range or very highly sensitive (fig. 3). This means that the natural environment offers little protection against contamination of the water supply intake.

Susceptibility Determination

Susceptibility is the relative potential for contamination to reach the public water supply intake used for drinking water purposes. Whereas the sensitivity of a water supply is the natural ability of the area to protect the intake against contamination, the susceptibility determination also takes into account other factors that will affect whether a contaminant reaches the intake. Whether or not a particular drinking water source becomes contaminated depends on three factors:

(1) The distribution of PCS;
(2) The source water area; and
(3) The natural protection, or sensitivity, of the source.

In conducting a susceptibility determination, the part of the SWA that yields water to the water supply-system intake is identified by establishment of the susceptible area within the source water area. PCS within the susceptible area are then located. Based on the distribution of PCS within the susceptible area, the type of PCS, and the nature of the chemicals they use or store, PCS are analyzed for the risk they may represent to the water supply intake. Along with the presence and distribution of PCS, the sensitivity analysis is then used to determine the susceptibility of the water supply (fig. 3). This leads to a determination of whether the drinking water source is moderately susceptible, highly susceptible, or very highly susceptible to contamination (Brogren, 1999; Sweat and others, in press). It is important to understand that a system can have low sensitivity relative to some conditions (for example, intake construction and location), and high susceptibility because of other conditions (for example, the type of PCS). In Michigan, surface water sources of drinking water range from moderately-low to very-high susceptibility.

When a public water supply is determined to have a moderate, high, or very high susceptibility because of a particular condition or set of conditions, there is a significant risk of contamination of the drinking water source because of that condition or set of conditions. Although the susceptibility determination does not predict when or if contamination will actually occur, it does recognize conditions that are highly favorable for contamination of the supply. In the event of a contaminant release to soils or surface water within the susceptible area, it is very likely that contamination at the intake would occur without completion of remedial actions.

If a public water supply's drinking water source is determined to be highly susceptible, it is recommended that the system identify the condition(s) that lead to the high susceptibility. Immediate steps should be taken to protect the source, and action should be considered to remedy the condition (for example, repairing or replacing faulty intake construction, working directly with facility operators to implement sound management practices, etc.).

All water supplies, regardless of their susceptibility, should consider identified factors that could lead to higher susceptibility in the future, and should prepare a strategy to protect the water supply source. Raising public awareness through signs and other education programs, encouraging proper intake construction and the use of best management practices in existing facilities are good ways of ensuring that a surface water source maintains its moderate susceptibility rating.

Summary and Recommendations

The actual susceptibility of the drinking water source of a water supply depends on a number of contributing factors, some of which are only slightly related. Sensitivity is determined from the natural setting of the source and identifies the natural protection afforded to the source water. Susceptibility is determined by identifying those factors within the community's SWA that may pose a risk to the source water. The susceptibility determination provides information with respect to facilities within the SWA or

land areas within the SWA that should be given greater priority and oversight in the implementation of a drinking water protection program.

Sensitivity Analysis: Based on criteria adopted in the Great Lakes Protocol of the Michigan Source Water Assessment Program, the emergency intake for the Flint Water Treatment Plant has a very high degree of sensitivity to potential contaminants.

Susceptibility Determination: The SWA for the Flint intake includes 8 listed potential contaminant sources within the susceptible area, numerous storm drains discharging upstream of the intake, a railroad crossing plus urban, agricultural, and industrial runoff from the Flint River watershed. Combining these potential contaminant sources with the very highly sensitive intake yields a very highly susceptible determination for Flint source water (fig. 5).

Effective Treatment:

The results of this assessment and the recommendations based on these results are summarized as follows:

- ***Intake*** - The Flint Water WTP intake was installed in 1948 and draws water from the Flint River from a shoreline structure making the intake very highly sensitive.
- ***Soils*** - Using a mean, area-weighted, depth-integrated permeability estimation, the soil and subsoil permeability in the SWA range from 0.6 in/hr to as much as 7.7 in/hr. The mean permeability is 3.1 in/hr (Schneider and Erickson, undated, series of 5 maps; BASINS, 1998; MIRIS, 2000). About two thirds of the soils in the Flint SWA are moderately rapid or rapidly permeable. Sixteen (16) PCS are located on these soils. These factors combine to make the SWA, and thus the intake, very highly sensitive. The community should take steps to evaluate current and future land use in areas of highly permeable soils, particularly those occurring within the susceptible area. Those PCS that have been identified either on or in close proximity to these soils should be informed of the sensitive nature of the area and encouraged to adopt best management practices designed to minimize the risk of a ground release. Residential areas that have been developed on these soils should be targeted for educational programs identifying steps that residents can take to protect the water supply.
- ***Historical Contaminant Detections*** – Since the Flint WTP has not utilized the Flint River since 1967 as a source of public drinking water, extensive raw water quality data is not available. However, as is typical for river water, the periodic presence of coliform bacteria is indicative of a relationship between runoff and soil conditions, causing the presence of bacteria at detectable levels in river source water. Background turbidity has recently been reported in the range of 2.4 to 7.6 NTU. These factors indicate that the SWA, and thus the intake, is very highly susceptible.
- ***Sanitary Survey*** – Defects reported as requiring repair either have been corrected or are scheduled for repair. The Flint WTP is undergoing extensive upgrades to improve treatment and reliability. It is important that the water supply continue to follow good management practices.
- ***Potential Contaminant Sources*** - A review of the PCS inventory and the rapidly and very rapidly permeable soil distribution indicates that the Flint SWA has 21 PCS located on moderately rapid to rapidly permeable soils. Within the susceptible area, there are 7 PCS with 8 discharge permits. In addition, there are numerous storm drains within the vicinity of the intake. A railroad crossing immediately upstream of the intake also poses a potential contaminant threat. It is recommended that the community focus initially on PCS that are within the susceptible area as they pose the greatest potential threat to the water supply. These facilities should be made aware of free technical assistance that is available through MDEQ's pollution prevention programs. Through chemical inventory, waste reduction, and by increasing awareness of best management practices, the risk these facilities pose to source waters can be reduced. The PCS inventory indicates that the source is very highly susceptible.
- ***Source Water Assessment*** - The Flint source water assessment is based on these site-specific parameters:

1. Definition of a Critical Assessment Zone around both intake for a very highly sensitive source;
2. Definition of a SWA for the Flint River, and shoreline near the intake;
3. Flow duration and discharge in the Flint River upstream of the intake, and the effects of upstream contaminant discharges on the source water quality; and
4. Listed and nonlisted potential contaminant sources.

- ***Source Water Protection*** - The City has initiated source water protection activities with an Industrial Pretreatment Program incorporating management plans, chemical containment, and spill response, spill response training, plus storm sewer and street cleaning programs.

The Flint WTP and/or the community should assemble a team to assist in the development and implementation of a source water protection program that uses this assessment to further protect the Flint source water area.

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GLOSSARY

Critical Assessment Zone (CAZ) - the area from the intake structure to the shoreline and inland, including a triangular water surface and a land area encompassed by an arc from the endpoint of the shoreline distance on either side of the on shore intake pipe location

Geographic Information System (GIS) - a system to capture, store, update, manipulate, analyze, and display all forms of geographically referenced information

Impaired water bodies - As defined by USEPA and listed on the 303 (d) list of the federal Clean Water Act.

Intake - the point at which source (raw) water is drawn into a pipe to be delivered to a water treatment plant

Lignins - an amorphous, cellulose-like, organic substance that acts as a binder for the cellulose fibers in wood and adds strength and stiffness to cell walls

Maximum Contaminant Level (MCL) - the maximum permissible level of a contaminant in water that is delivered to any user of a public water system

Potential Contaminant Sources (PCS) - listed and non-listed agricultural sites, businesses, and industries that have the potential to cause contaminants to be introduced into source water

Sensitivity - a measure of the physical attributes of the source area and how readily they protect the intake from contaminants

Source - the water body from which a water supplier gets its water

Source Water Area (SWA) - the land and water area upstream of an intake that has the potential to directly influence the quality of the water at the intake

Source Water Assessment Program (SWAP)- in Michigan, the process defined by the state Department of Environmental Quality to complete assessments of all the state's public water supplies

Susceptibility - the Susceptibility identifies factors that may pose a risk within the community's SWA

Susceptible Area - the area defined by the critical assessment zone and a buffer on either side of any drainages that contribute water to an intake

Synthetic Organic Contaminants (SOC) - Manmade organic chemical compounds such as pesticides, etc.

Tannins - naturally occurring phenolic compounds that precipitate proteins, alkaloids, and glucosides from solution that has a yellowish appearance

Volatile Organic Contaminants (VOC) - Unnatural, volatile organic chemical compounds such as gasoline components, solvents, degreasers, etc

Olszewski, Rosemarie (DEQ)

From: Prysby, Mike (DEQ)
Sent: Thursday, March 19, 2015 10:11 AM
To: 'bwright@cityofflint.com'
Subject: FW: PEAS call
Attachments: 20150318_174119.jpg; 20150318_173619.jpg; 20150318_174108.jpg; RE: WRD - PEAS - Oil Sheen

Brent,

More info.....

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

From: Bennett, Charles (DEQ)
Sent: Thursday, March 19, 2015 10:10 AM
To: Thomas Hutchings (thutchings@cityofflint.com)
Cc: Kammer, Stephanie (DEQ); Prysby, Mike (DEQ); Case, Robert; Busch, Stephen (DEQ)
Subject: PEAS call

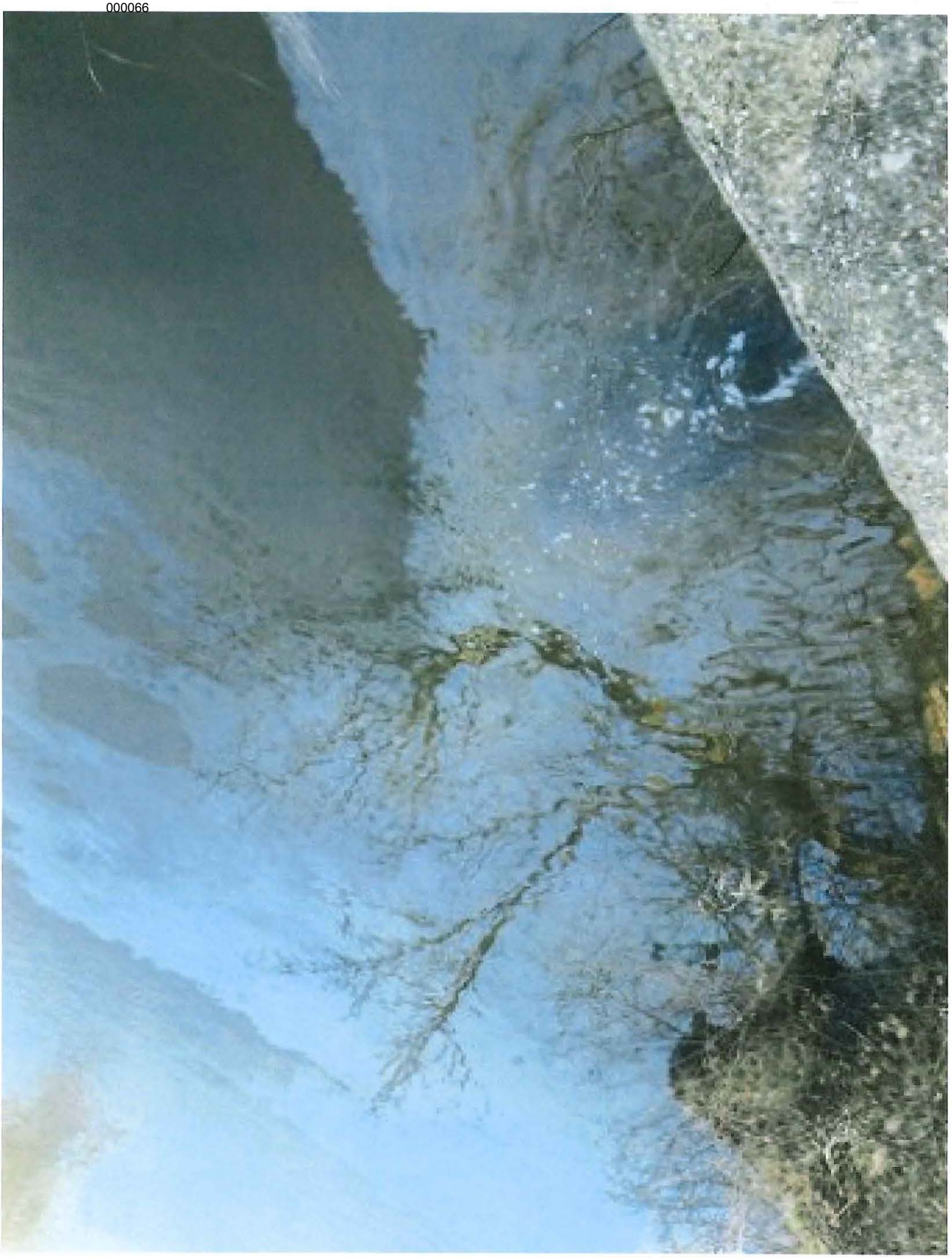
Tom, I just spoke with a gentleman that reported a discharge to the Flint River south of Carpenter Rd at Bray. The complainant stated that the material is whitish and may have a sheen also. He said it looks like crews have done some excavating along the bike path near this discharge. Attached are photos that I received a moment ago from the caller.

Also, you may want to contact Brent Wright about this matter as well, since our Drinking Water engineer has contacted him about this also (see attachment). Please let me know what you find.

thanks,
chuck

Charles Bennett, PE
DEQ Water Resources Division
Lansing District Office
BennettC4@michigan.gov
ph 517-284-6659; fax 517-241-3571

000066



000067

Olszewski, Rosemarie (DEQ)

From: Prysby, Mike (DEQ)
Sent: Thursday, March 19, 2015 10:03 AM
To: Rennaker, Joanne (DEQ); Blayer, Steve (DEQ); Arduin, Jim (DEQ)
Cc: Busch, Stephen (DEQ); Bennett, Charles (DEQ)
Subject: RE: WRD - PEAS - Oil Sheen

I notified the city – Brent Wright (WTP OIC) of the situation given that this just upstream of their WTP intake. Brent and his staff will go out to investigate. Based on past history, he is speculating that it is a break in their lime sludge line. This line is located close to the Flint River in this area and has experienced breaks in the past. I also provided Brent with the caller's name and suggested to contact him and let him know that the city is following up on this incident.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

From: Rennaker, Joanne (DEQ)
Sent: Thursday, March 19, 2015 9:05 AM
To: Prysby, Mike (DEQ); Blayer, Steve (DEQ); Arduin, Jim (DEQ)
Subject: FW: WRD - PEAS - Oil Sheen

Jo Anne Rennaker
Secretary
Department of Environmental Quality - Lansing District Office
Office of Drinking Water & Municipal Assistance
Office of Waste Management & Radiological Protection
517-284-6643

From: Jesko, Roxanne (DEQ)
Sent: Thursday, March 19, 2015 9:02 AM
To: Gutting, Karen (DEQ); DEQ-PEAS-Lansing
Cc: Bennett, Charles (DEQ)
Subject: RE: WRD - PEAS - Oil Sheen

WRD has it Chuck Bennett will be the lead.

From: Gutting, Karen (DEQ)
Sent: Thursday, March 19, 2015 8:44 AM
To: DEQ-PEAS-Lansing
Subject: WRD - PEAS - Oil Sheen
Importance: High

PEAS Form 2014			revised July 23,
First Response please "Reply All" to receipt of this PEAS Notification ASAP. Media: Water County: Genesee Ticket # 1498			
Incident Description: There is a sanitary sewer that runs parallel with the Flint river that has had several line breaks. This is causing a sheen on the water. Some of this has solidified along the river bank and is white in color. This is approximately ¼ mile down the bike trail where Bray Rd. ends S of Carpenter. Whatever is coming out of the line, is coming out steady. Caller has photos if needed.			
Complainant (C)		**Party Involved (PI) – Company**	
Name	James Joseph	Person Name	
Street Address		Company Name	
City or Township		Street Address	
State		City or Township	
Phone	810-820-5526	State	
Alt Phone		Phone	
Type		Alternate Phone	
Incident Street Address	S. of Carpenter and Bray Rd (where Bray Rd. stops and now it's a bike path)		
Cross Streets		**Name of Pollutant**	unsure
City or Township	Flint	Release to **Water** (g)	unknown
County		Release to **Ground** (g)	
Water Body Impacted	Flint River	Release to **Air** (lbs)	
Occurred: Date/Time/Ongoing	unsure	**Cleanup Contractor**	
Release Secured: Y or N		**Cleanup Contractor on site: Y or N**	

Comments:

Karen Gutting
Department of Environmental Quality
Office of Environmental Assistance
Environmental Assistance Center
800-662-9278

Olszewski, Rosemarie (DEQ)

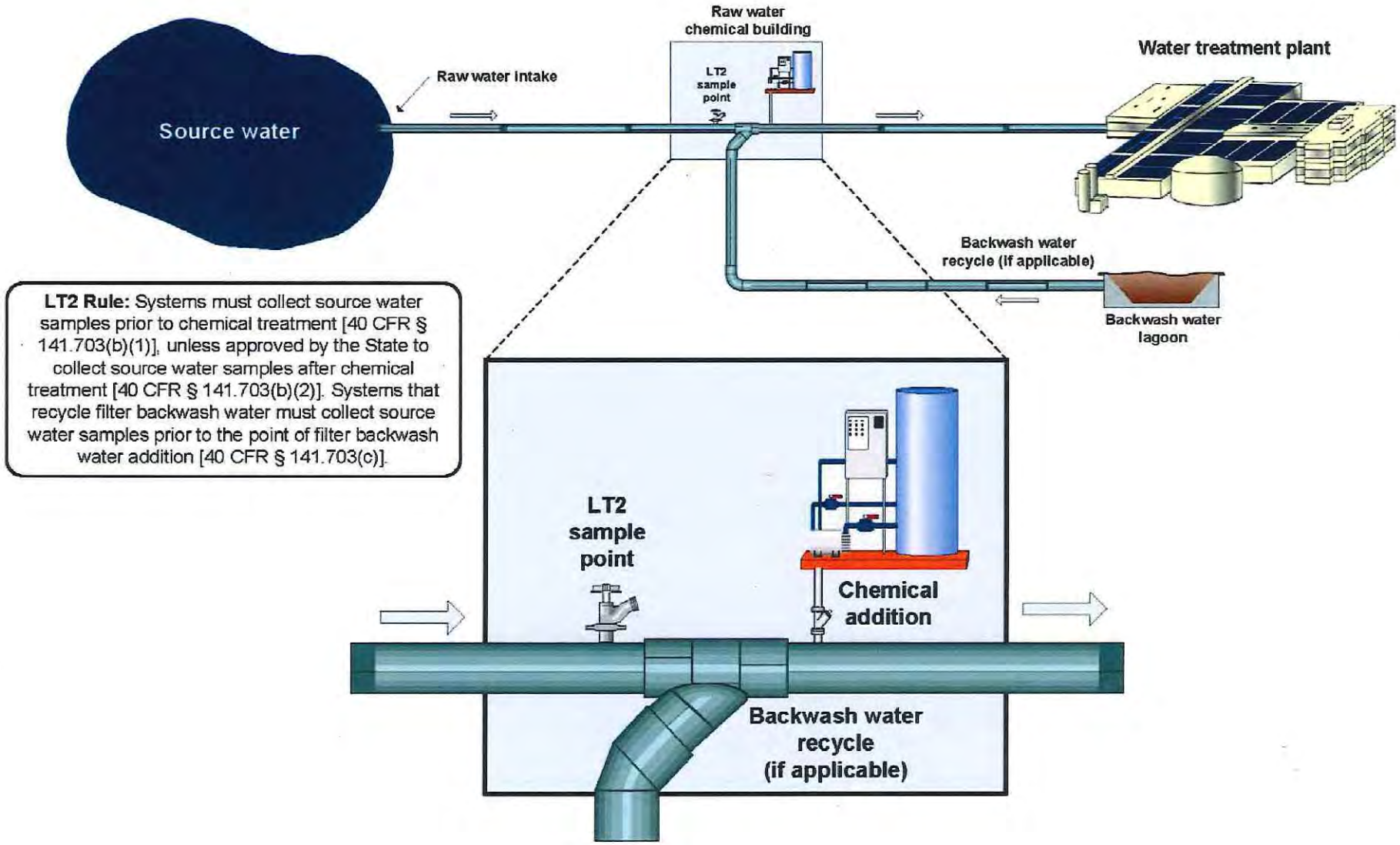
From: Prysby, Mike (DEQ)
Sent: Friday, April 03, 2015 2:47 PM
To: 'bwright@cityofflint.com'; Michael Glasgow
Subject: FW: Schematics for LT2 sampling plans
Attachments: Schematics_combined.pdf; SCHEMATIC_01.pdf; SCHEMATIC_02.pdf; SCHEMATIC_03.pdf; SCHEMATIC_04.pdf; SCHEMATIC_05.pdf; SCHEMATIC_06.pdf; SCHEMATIC_07.pdf; SCHEMATIC_08.pdf; SCHEMATIC_09.pdf; SCHEMATIC_10.pdf

Brent, Mike

Attached are the example schematics that the plants on Schedule 2 may use to indicate where the source water sampling location is in relation to the intake, chemical feed points, recycle streams (if any) and the plant. You can select the schematic that best fits your situation and mark the sampling location and other pertinent information on it. If you can't find a schematic that doesn't fit Flint's exact setup, you can use the generic/blank one (schematic 10). Your Schedule 2 Crypto. monitoring letter is being mailed to you today.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

Figure 1. Sample Tap before Chemical Treatment and Backwash Water Recycle (if applicable)



LT2 Rule: Systems must collect source water samples prior to chemical treatment [40 CFR § 141.703(b)(1)], unless approved by the State to collect source water samples after chemical treatment [40 CFR § 141.703(b)(2)]. Systems that recycle filter backwash water must collect source water samples prior to the point of filter backwash water addition [40 CFR § 141.703(c)].

Figure 2. Multiple Sources: Sample Tap after Two Combined Sources

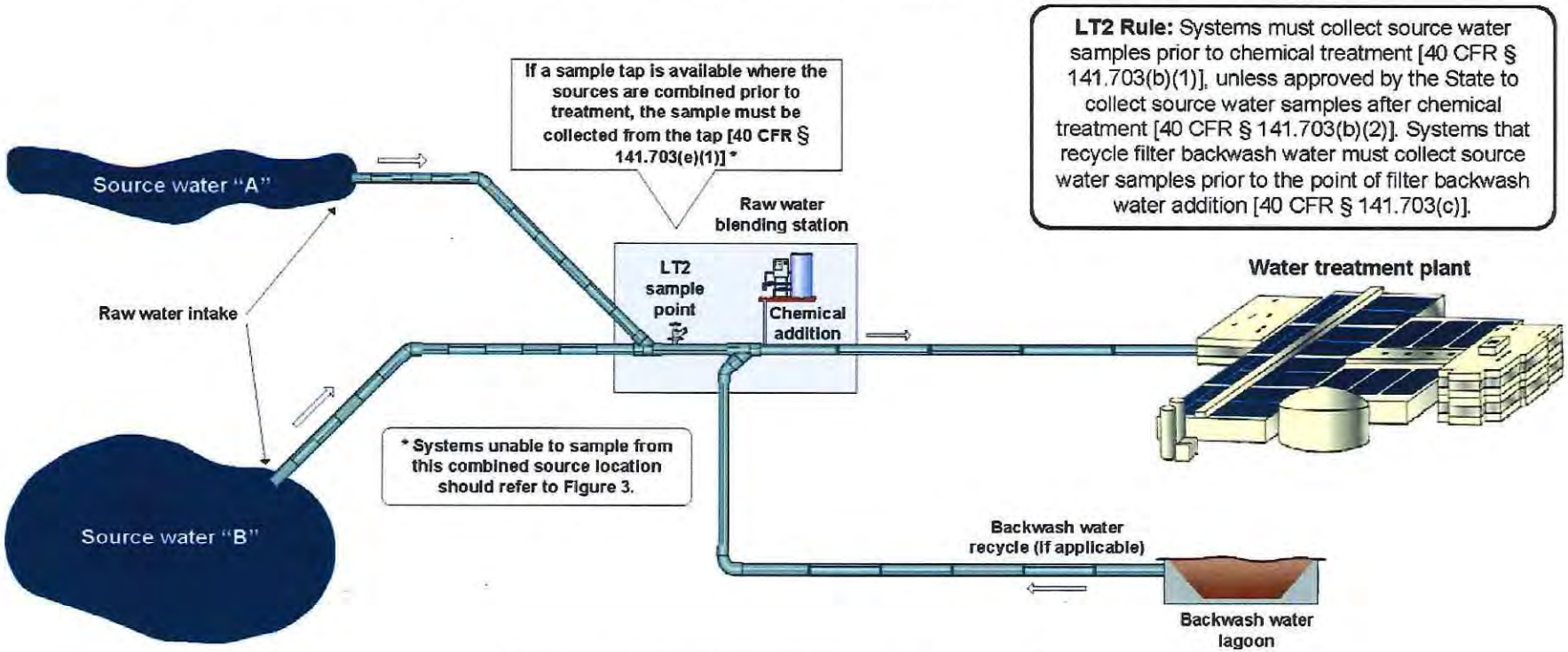
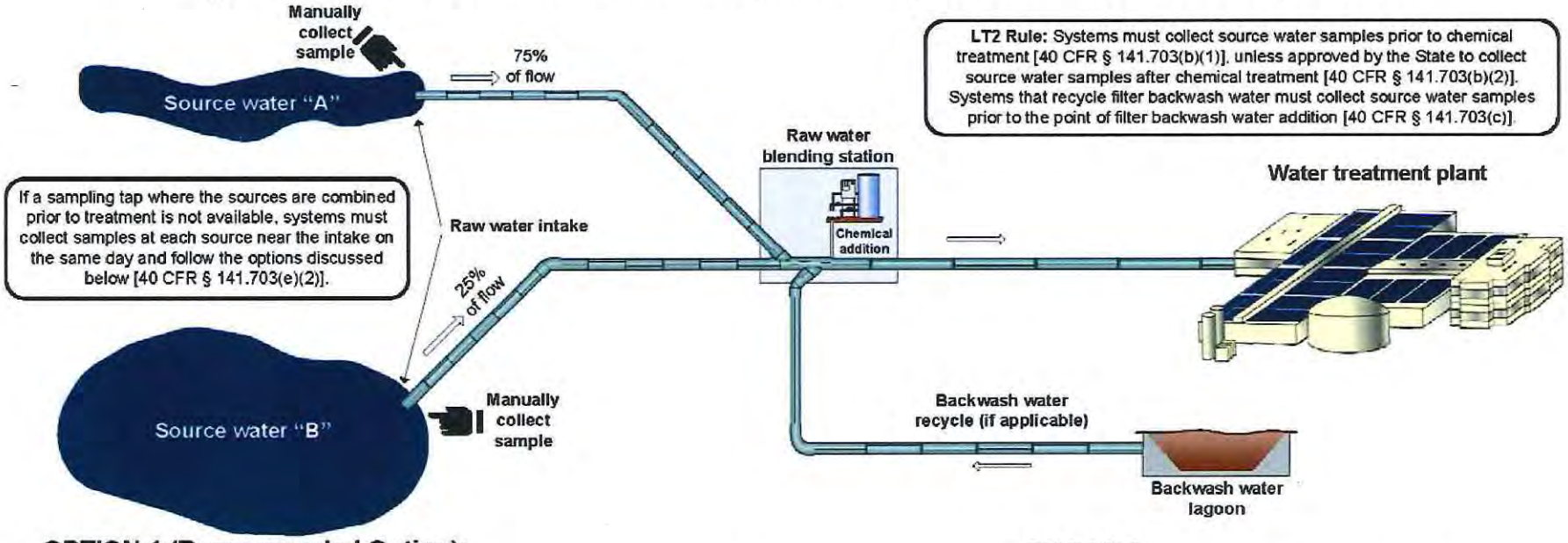
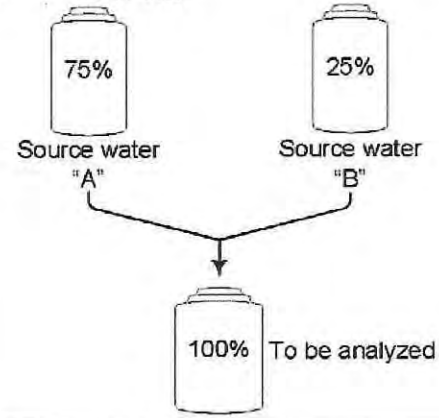


Figure 3. Multiple Sources: Two (or More) Sources to be Composited



OPTION 1 (Recommended Option):

Collect samples manually at each source near the intake on the same day and composite them into one sample to be analyzed. The volume of sample from each source must reflect its proportion of the total plant flow at the time the samples were collected [40 CFR § 141.703(e)(2)(i)].



OPTION 2:

Collect samples manually at each source near the intake on the same day and analyze each independently, then calculate a weighted average of the analysis results. This is done by multiplying the result for each source by the percentage of its contribution to the total plant flow at the time the samples were collected, and then summing these values [40 CFR § 141.703(e)(2)(ii)].

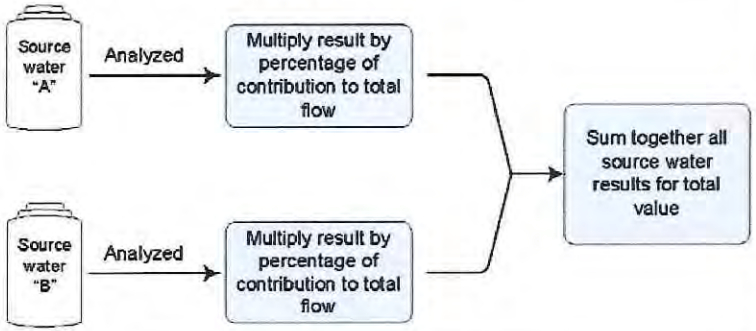


Figure 4. Multiple Plants with the Same Influent

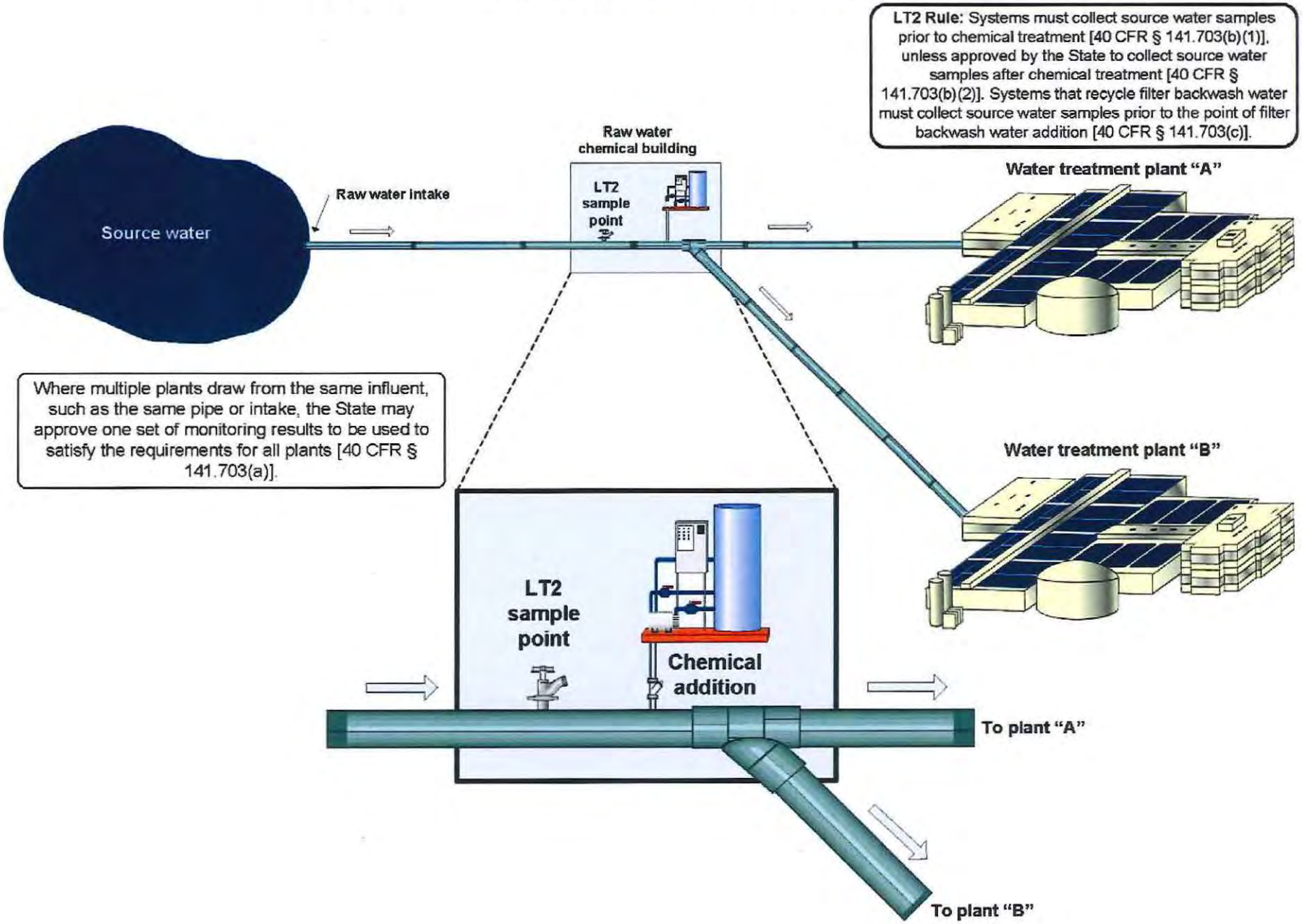
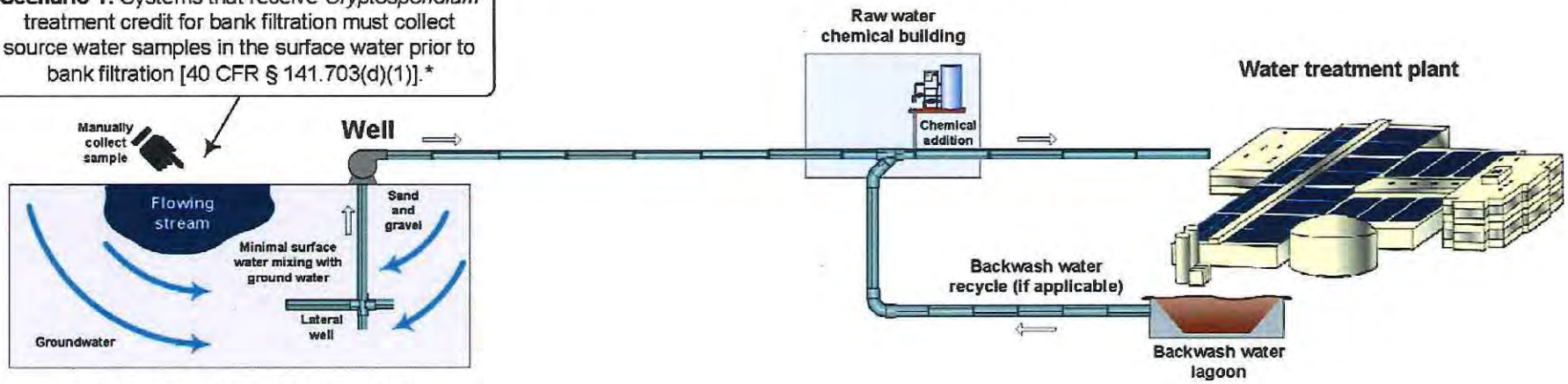


Figure 5. Bank Filtration

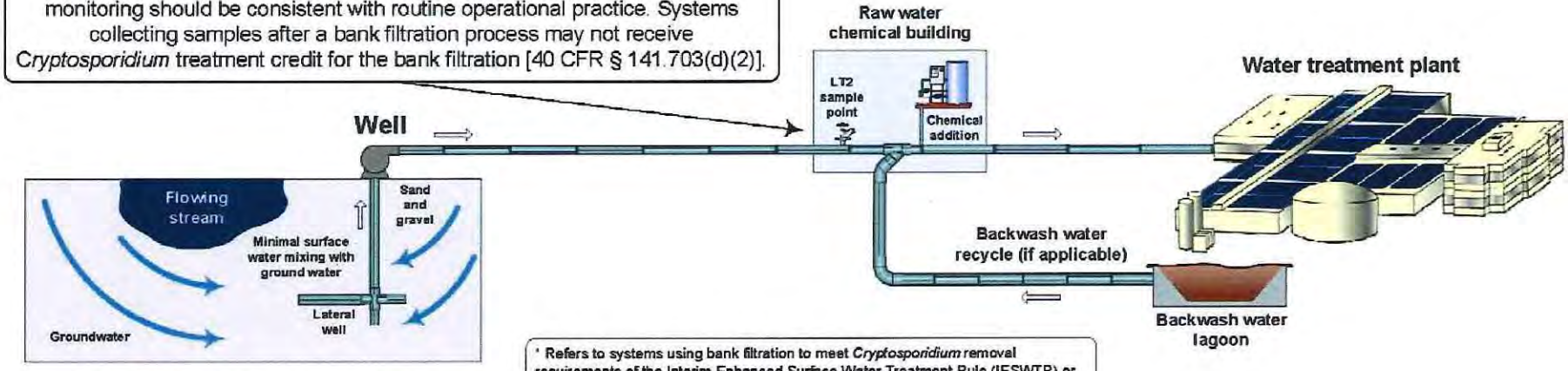
The correct sampling location for systems using bank filtration differs depending on whether the bank filtered water is treated by subsequent filtration:

Scenario 1: Systems that receive *Cryptosporidium* treatment credit for bank filtration must collect source water samples in the surface water prior to bank filtration [40 CFR § 141.703(d)(1)].*



Bank filtration cross section

Scenario 2: Systems using bank filtered water that is treated by subsequent filtration must collect source water samples from the well source (i.e., after bank filtration) but before any other treatment.** Use of bank filtration during monitoring should be consistent with routine operational practice. Systems collecting samples after a bank filtration process may not receive *Cryptosporidium* treatment credit for the bank filtration [40 CFR § 141.703(d)(2)].



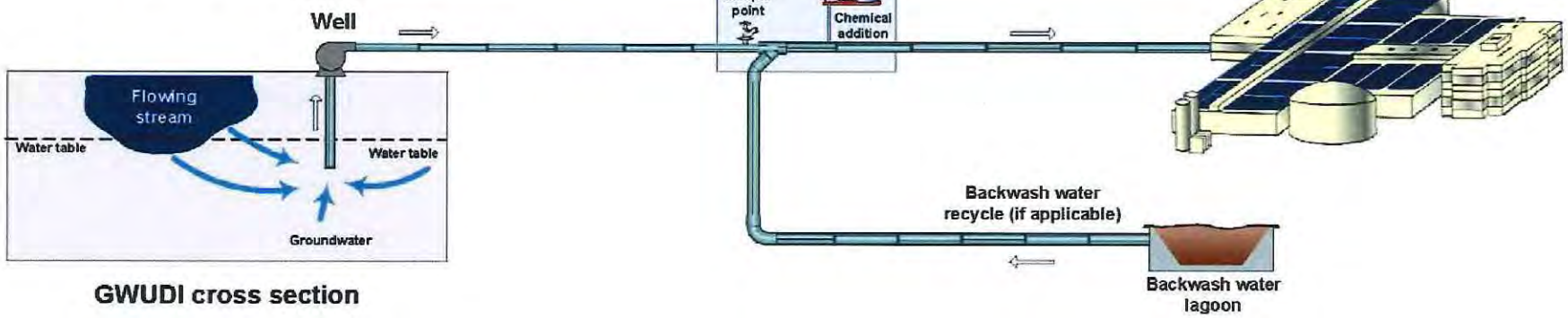
Bank filtration cross section

* Refers to systems using bank filtration to meet *Cryptosporidium* removal requirements of the Interim Enhanced Surface Water Treatment Rule (IESWTR) or Long Term 1 ESWTR under 40 CFR § 141.173(b) or 40 CFR § 141.522(a).
** Refers to systems where bank filtration serves as pretreatment to a filtration plant.

Figure 6. Ground Water Under the Direct Influence of Surface Water (GWUDI)

LT2 Rule: Systems must collect source water samples prior to chemical treatment [40 CFR § 141.703(b)(1)], unless approved by the State to collect source water samples after chemical treatment [40 CFR § 141.703(b)(2)]. Systems that recycle filter backwash water must collect source water samples prior to the point of filter backwash water addition [40 CFR § 141.703(c)].

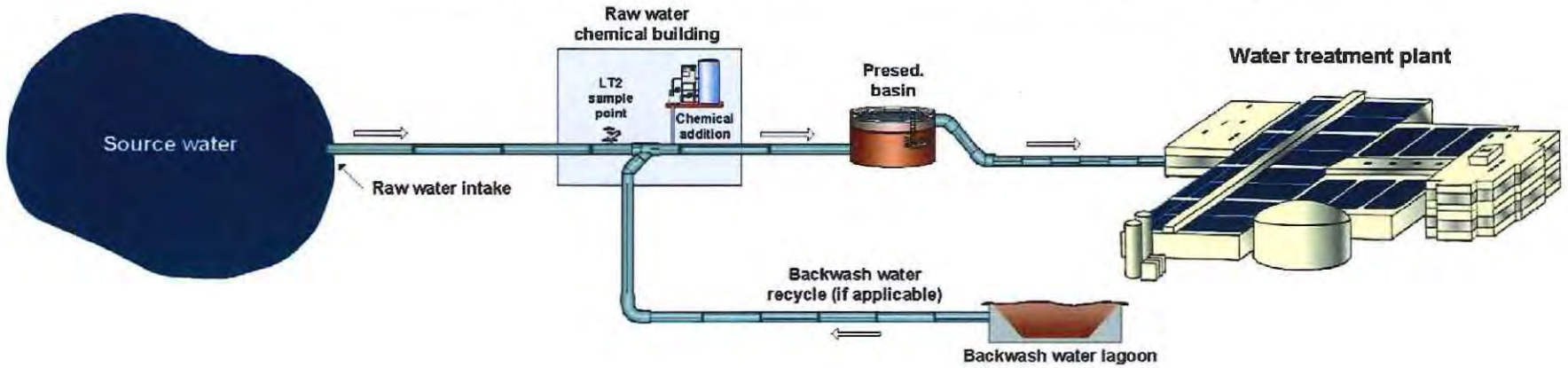
Systems that use ground water under the direct influence of surface water (GWUDI) should collect source water samples from the well source.



GWUDI cross section

Figure 7. Presedimentation Basin

Scenario 1:
Systems using a presedimentation basin with chemical addition should collect source water samples prior to chemical treatment, unless approved by the State to collect source water samples after chemical treatment. Systems that recycle filter backwash water must collect source water samples prior to the point of filter backwash water addition [40 CFR § 141.703(c)].



Scenario 2:
Systems without chemical addition prior to or in a presedimentation basin, or that have been approved by the State to collect source water samples after chemical treatment, may sample after the presedimentation basin but will not receive any treatment credit for presedimentation.

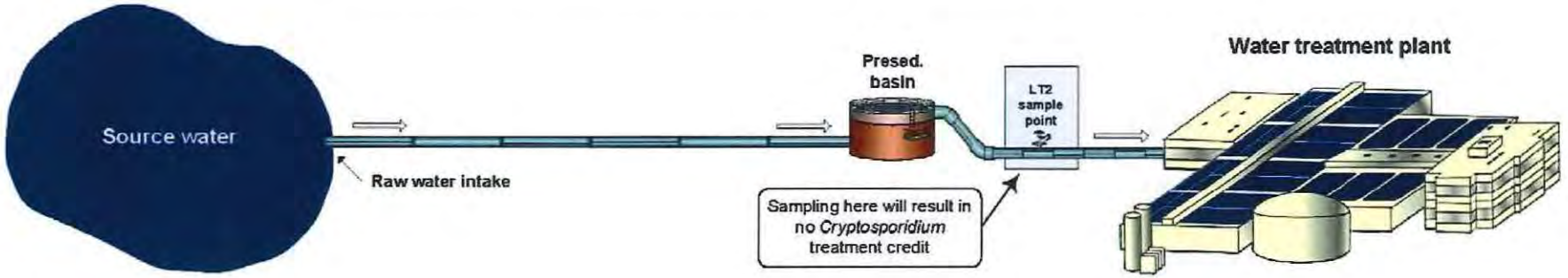


Figure 8. Raw Water Off-Stream Storage

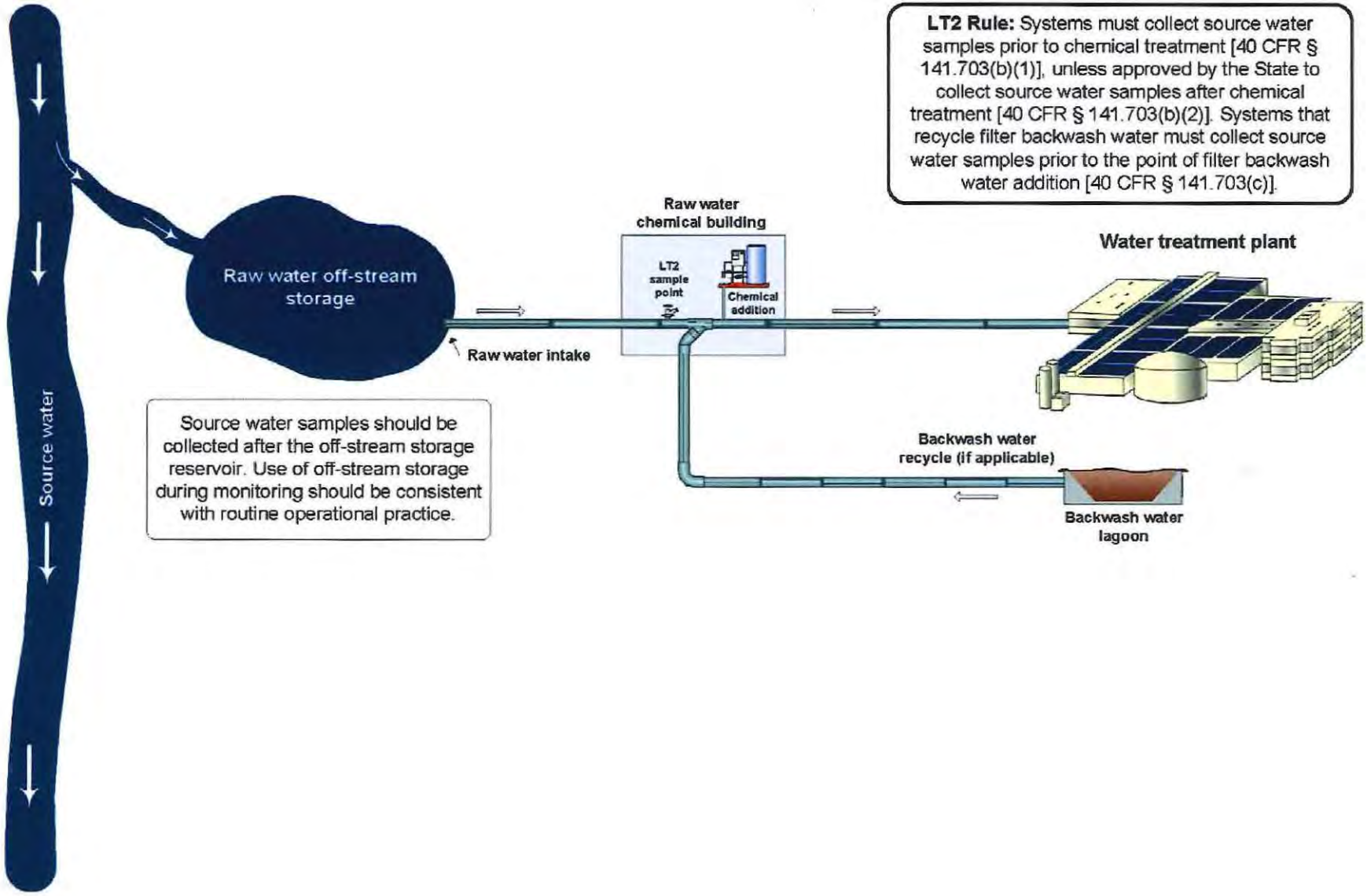


Figure 9. Mixed Source Water: Ground Water and Surface Water Sources

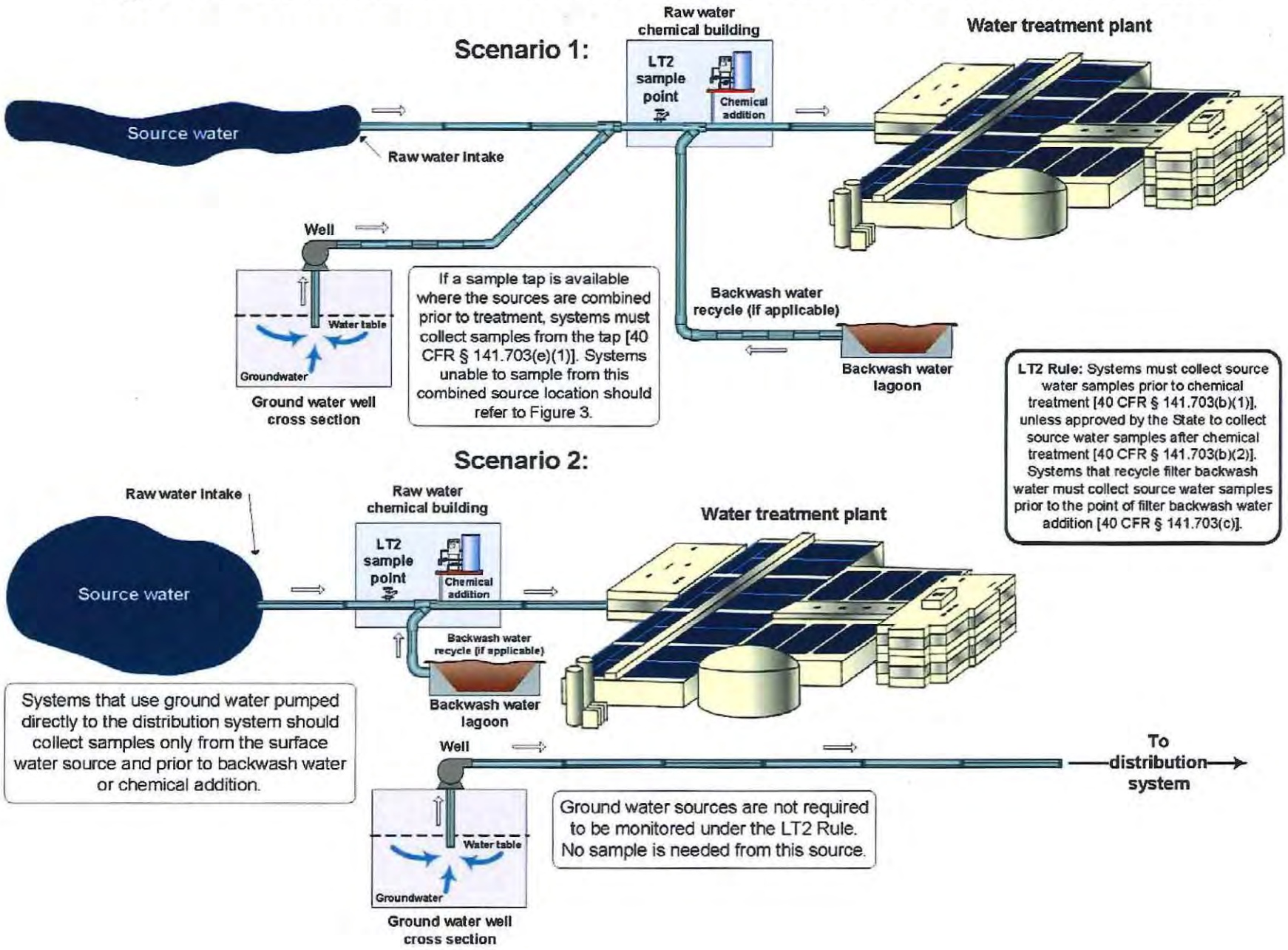


Figure 10. Blank Schematic for Submission to EPA

Public Water System (PWS) name: _____

PWS ID: _____

Water treatment plant name: _____

Water system facility ID: _____

Indicate the following on the diagram that best represents your facility type (if applicable):

1. LT2 sampling location
2. Points of chemical treatment prior to the treatment plant
3. Filter backwash water addition
4. Pretreatment processes (e.g., presedimentation basins, bank filtration)
5. Multiple source waters (show by adding additional sources)

Olszewski, Rosemarie (DEQ)

From: Prysby, Mike (DEQ)
Sent: Friday, February 06, 2015 11:01 AM
To: emurphy@cityofflint.com
Subject: FW: Water Supply Sources

Elizabeth,

Below is a link to our website that lists all of surface water systems in Michigan. You will need to scroll down to the bottom of the list to see the listing of supplies using a river as their source. Also, I am not aware of any source water assessment conducted for the Flint River watershed; however, I would like to confirm that. I will let you know asap once I obtain the confirmation.

http://www.michigan.gov/deq/0,4561,7-135-3313_3675_3691-9775--,00.html

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

Olszewski, Rosemarie (DEQ)

From: Prysby, Mike (DEQ)
Sent: Friday, May 01, 2015 9:56 AM
To: gthomas@cityofflint.com
Cc: Busch, Stephen (DEQ)
Subject: Premise plumning
Attachments: Premise Plumbing.doc

Glen,

Based upon our discussion during our April 29th, 2015 site visit, approximately 40-45 commercial/industrial customers were identified as a potential candidate for needing a premise plumbing Water Safety Plan (WSP). Attached is a list of mechanical components within building premise plumbing to assist you in confirming this and/or identifying additional customers that could serve as WSP candidates. Please send us your completed list at your earliest convenience. Thanks.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

Building Plumbing & Appurtenances to Consider

1. **Cooling Towers ***
2. **Evaporative Condensers ***

   ***evap fluid coolers/closed circuit cooling towers typically used for cooling industrial processes, refrigeration plants in cold stores, and cooling of make-up water for large building AC units**

3. **Gravity fed storage tanks**
4. **Boiler systems**
5. **Plate heat exchangers**
6. **Circulating/non-circulating hot water systems**
7. **Buildings with extensive plumbing (large runs of hot water piping and/or dead-end piping).**

Olszewski, Rosemarie (DEQ)

From: Prysby, Mike (DEQ)
Sent: Monday, April 06, 2015 9:00 AM
To: Michael Glasgow
Cc: Rosenthal, Adam (DEQ)
Subject: RE: City of Flint - March Bromate Results

Michael,

The March result is encouraging....we need a copy of the sample result from the sample collected in October of 2014...

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

From: Michael Glasgow [mailto:mglasgow@cityofflint.com]
Sent: Monday, April 06, 2015 7:24 AM
To: Rosenthal, Adam (DEQ)
Cc: Prysby, Mike (DEQ)
Subject: City of Flint - March Bromate Results

Adam,

Here are the results of our March bromate sampling.

Mike Glasgow
City of Flint Water Plant

Olszewski, Rosemarie (DEQ)

From: Prysby, Mike (DEQ)
Sent: Monday, April 13, 2015 4:30 PM
To: Michael Glasgow
Subject: RE: City of Flint March 2015 MOR

Thanks Michael....

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

From: Michael Glasgow [mailto:mglasgow@cityofflint.com]
Sent: Monday, April 13, 2015 4:21 PM
To: Prysby, Mike (DEQ)
Subject: City of Flint March 2015 MOR

Mike,

Here is the completed MOR for March.

Mike Glasgow
City of Flint Water Plant

Olszewski, Rosemarie (DEQ)

From: Prysby, Mike (DEQ)
Sent: Tuesday, February 17, 2015 4:03 PM
To: Howard Croft
Cc: Busch, Stephen (DEQ); Benzie, Richard (DEQ)
Subject: RE: City Water Tech Team

Howard,

After further discussion with ODWMA staff, I am available to participate in the TAC. My main role will be review water system reports and provide comments and/or guidance primarily from a regulatory standpoint. Please keep me informed as to when the first meeting will be held. Finally, I wish to extend my thanks for the invitation to participate in the TAC.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

From: Howard Croft [mailto:hcroft@cityofflint.com]
Sent: Saturday, February 14, 2015 8:45 AM
To: Prysby, Mike (DEQ)
Subject: City Water Tech Team

Mike,

The City of Flint has contracted with Veolia North America in order to have an additional review of the water system. As part of this review, we are working to develop a Technical Advisory Committee (TAC) that will that will receive reports and interact with the technical staff from Veolia. The City has identified 8 - 12 entities or individuals that we are extending an invitation to participate on this committee.

I would like to extend this invitation to you or your designee to be a representative on the TAC team which we hope to have established by early next week.

I understand that this is short notice but if you would consider the offer and confirm or deny your participation I would greatly appreciate it. We are hoping to announce the names of this team at a Public Works Committee meeting Wednesday February 18th. The details of the first meeting and the ongoing agenda which is anticipated to extend through the implementation of the Karegnondi Water Authority as a water source will also be unveiled next week..

Thank you,

--

Howard Croft
Public Works Director
City of Flint
1101 S. Saginaw Street
Flint, MI 48502
PH# 810.766.7135 Ext.2043
hcroft@cityofflint.com

Shaler, Karen (DEQ)

From: Prysby, Mike (DEQ)
Sent: Thursday, March 19, 2015 10:24 AM
To: Howard Croft
Cc: Busch, Stephen (DEQ); Rosenthal, Adam (DEQ)
Subject: RE: HC Letter & FAQ's

Howard,

It appears that my edits were not included in the final letter. The 6th paragraph down should be revised such that residents understand the difference between the Locational Running Annual Average (LRAA) and the results from the individual quarter (Feb 2015) ...to avoid possible confusion when they read the DEQ PN template which states that two of the eight sites are above the TTHM standard (this being based on the LRAA). Also, the words "annual average" needs to be replaced with Locational Running Annual Average (LRAA).

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

From: Howard Croft [mailto:hcroft@cityofflint.com]
Sent: Thursday, March 19, 2015 9:09 AM
To: Brent Wright; Daugherty Johnson; Dayne Walling; donna. cole; gdn2@aol.com; Howard Croft; James Henry; jmikewright; JoAnne Herman; John O'Brien; Kirk Smith; larry.koehler@mcc.edu; Laura Sullivan; Michael Glasgow; Mike Lane; Prysby, Mike (DEQ); Natasha Henderson; Norb Birchmeier; Pete Levine; Robert Nicholas; rosejo@msu.edu; Russell Hudson; Samir Matta; Warren Green; Elizabeth Murphy; Robert Bincsik; Robert Case; Jason Lorenz; Kelly Rossman-McKinney; Sharon Emery; Gerald Ambrose
Subject: HC Letter & FAQ's

Technical Team Members,

Attached please find the final copy of a letter to the health community along with a Frequently Asked Question list.

These documents are ready for distribution among your peers and others. We anticipate mailing out the actual violation notice at the beginning of next week.

I will email everyone on this list when we determine a date for the next Technical Committee Meeting.

Thank you,

--

Howard Croft
Public Works Director
City of Flint
1101 S. Saginaw Street
Flint, MI 48502
PH# 810.766.7135 Ext.2043
hcroft@cityofflint.com

Olszewski, Rosemarie (DEQ)

From: Prysby, Mike (DEQ)
Sent: Friday, May 08, 2015 9:47 AM
To: Howard Croft
Subject: RE: May_Technical Advisory Meeting

Howard,

The May 20th Distribution Practices Seminar that I am registered for has been postponed; thus, I will be available to participate in the TAC meeting on Wed. May 20th in Flint. See you on the 20th.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

From: Howard Croft [mailto:hcroft@cityofflint.com]
Sent: Monday, May 04, 2015 2:06 PM
To: Brent Wright; Daugherty Johnson; donna. cole; Elizabeth Murphy; gdn2@aol.com; Gerald Ambrose; Howard Croft; James Henry; Jason Lorenz; jmikewright; JoAnne Herman; John O'Brien; Kirk Smith; larry.koehler@mcc.edu; Laura Sullivan; Michael Glasgow; Michael Wright; Mike Lane; Prysby, Mike (DEQ); Norb Birchmeier; Pete Levine; Robert Bincsik; rosejo@msu.edu; Russell Hudson; Samir Matta; Warren Green; Michael Sargent
Cc: Natasha Henderson
Subject: May_Technical Advisory Meeting

Technical Advisory team,

We are planning to hold our next advisory meeting on Wednesday May 20th 2:00 pm at City Hall. The focus points of the meeting will be to convey the advancements in the current water quality, the summer implementation plans and timelines, and the latest information on test results.

We continue to offer testing and to look for any residential concerns about the water. I encourage all of the hospital and college representatives to bring forward any recent issues that may have arisen and we will look to discuss those as well as any other situations that we are aware of. I will send out an agenda early next week and we will plan on having a conference line available to call in.

Please send any questions or comments to me if there are items that you would like to see addressed.

Thank you,

--
Howard Croft
Public Works Director
City of Flint
1101 S. Saginaw Street
Flint, MI 48502
PH# 810.766.7135 Ext.2043

hcroft@cityofflint.com

Olszewski, Rosemarie (DEQ)

From: Prysby, Mike (DEQ)
Sent: Thursday, March 19, 2015 11:28 AM
To: Bennett, Charles (DEQ); Thomas Hutchings (thutchings@cityofflint.com)
Cc: Kammer, Stephanie (DEQ); Case, Robert; Busch, Stephen (DEQ); 'bwright@cityofflint.com'
Subject: RE: PEAS call

Brent investigated the PEAS call and left me a voicemail with his findings. He confirmed that the residue was a previous lime sludge leak and frozen residue still needs to be cleaned up. The source of the sheen was from a previous storm sewer discharge; however, there was no storm sewer discharge this morning and conditions appeared clear. Brent also followed up with the concerned citizen. Brent will provide further follow-up (via e-mail) concerning this PEAS call.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

From: Bennett, Charles (DEQ)
Sent: Thursday, March 19, 2015 10:10 AM
To: Thomas Hutchings (thutchings@cityofflint.com)
Cc: Kammer, Stephanie (DEQ); Prysby, Mike (DEQ); Case, Robert; Busch, Stephen (DEQ)
Subject: PEAS call

Tom, I just spoke with a gentleman that reported a discharge to the Flint River south of Carpenter Rd at Bray. The complainant stated that the material is whitish and may have a sheen also. He said it looks like crews have done some excavating along the bike path near this discharge. Attached are photos that I received a moment ago from the caller.

Also, you may want to contact Brent Wright about this matter as well, since our Drinking Water engineer has contacted him about this also (see attachment). Please let me know what you find.

thanks,
chuck

Charles Bennett, PE
DEQ Water Resources Division
Lansing District Office
BennettC4@michigan.gov
ph 517-284-6659; fax 517-241-3571

Olszewski, Rosemarie (DEQ)

From: Prysby, Mike (DEQ)
Sent: Thursday, March 19, 2015 11:07 AM
To: Daugherty Johnson
Cc: Busch, Stephen (DEQ)
Subject: RE: RE: Flint Water Age map

Daugherty,

Based upon the most recent information provided to us from the city and your consultant, we are comfortable with either size transmission main (20-inch or 24-inch) for the transmission main project. An Act 399 permit (Permit No. W131020) issued March 18, 2013 (expired yesterday) inlcuded 23,550 LF of 24-inch WM, 1068 LF of 8-inch WM and 6800 LF of 8-inch WM. Given the reduced scope (lineal footage) of the project and expired permit...A new Act 399 permit seems more appropriate. Also, if the remaining work in the future (to complete the rest of the project) is completed under a separate contract, then, a separate Act 399 permits needs to be issued for that contract. A revised Act 399 permit application and set of plans (reduced scope) are needed. Assuming no changes in actual location of the proposed watermain and appurtenances, we should be able to expedite the review and issuance permit in a timely manner.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

From: Daugherty Johnson [mailto:djohnson@cityofflint.com]
Sent: Thursday, March 19, 2015 9:43 AM
To: Prysby, Mike (DEQ)
Subject: Fwd: RE: Flint Water Age map

Hello Mike. Here are the referenced exhibits in the 24 in. main reduction letter

Daugherty

---------- Forwarded message ----------
From: "Mack, Melissa" <MCMack@lan-inc.com>
Date: Mar 19, 2015 9:34 AM
Subject: RE: Flint Water Age map
To: "Daugherty Johnson" <djohnson@cityofflint.com>
Cc:

Hi Duffy,

Please see attached.

Melissa

Melissa C. (Henderson) Mack, PE

Associate, Project Manager

Lockwood, Andrews & Newnam, Inc.
A LEO A DALY COMPANY

2925 Briarpark Drive, Suite 400 • Houston, TX 77042-3720

T 713.266.6900 **x** 2436 **D** 713.821.0436

www.lan-inc.com • MCMack@lan-inc.com

From: Daugherty Johnson [mailto:djohnson@cityofflint.com]
Sent: Thursday, March 19, 2015 6:57 AM
To: Mack, Melissa
Subject: RE: Flint Water Age map

For clarification, I need the exhibits referenced in the letter you sent me discussing the downsizing of the 24 inch transmission main.

On Mar 19, 2015 7:55 AM, "Daugherty Johnson" <djohnson@cityofflint.com> wrote:

Hello Melissa. Could you send the exhibits referenced in the letter. DEQ wants to see them.

Thanks
Duffy

On Mar 15, 2015 5:26 PM, "Mack, Melissa" <MCMack@lan-inc.com> wrote:

You should be able to print to any size. Try 11x17 portrait. I'm attaching again in case the file got corrupt when it was sent last time.

Melissa C. (Henderson) Mack, PE

Associate, Project Manager

Lockwood, Andrews & Newnam, Inc.
A LEO A DALY COMPANY

2925 Briarpark Drive, Suite 400 • Houston, TX 77042-3720

T 713.266.6900 **x** 2436 **D** 713.821.0436

www.lan-inc.com • MCMack@lan-inc.com

From: Daugherty Johnson [mailto:djohnson@cityofflint.com]
Sent: Friday, March 13, 2015 1:46 PM
To: Mack, Melissa
Subject: RE: Flint Water Age map

I cannot print the map in its entirety. Do I need to scale a specific way?

On Mar 13, 2015 8:54 AM, "Mack, Melissa" <MCMack@lan-inc.com> wrote:

Duffy,

As discussed here is the water age map from January showing the water sample locations.

Thanks,

Melissa

Melissa C. (Henderson) Mack, PE

Associate, Project Manager

Lockwood, Andrews & Newnam, Inc.
A LEO A DALY COMPANY

2925 Briarpark Drive, Suite 400 • Houston, TX 77042-3720

T 713.266.6900 **x** 2436 **D** 713.821.0436

www.lan-inc.com • MCMack@lan-inc.com

From: Mack, Melissa
Sent: Thursday, March 12, 2015 1:12 PM
To: Daugherty Johnson; Green, Warren; Matta, Samir
Subject: Re: Flint Water Age map

Duffy,

We heard back from Innovyze. The model file got corrupted, but they are walking us through a fix. We are documenting the process so we'll know what do do if it happens in the future.

We expect to have fixed this afternoon and have the maps to you thereafter.

Thank you,

Melissa

Sent from my iPhone

On Mar 11, 2015, at 5:04 PM, Mack, Melissa <MCMack@lan-inc.com> wrote:

> Duffy,
>
> We ran into a technical issue with the model creating the water age maps without the 24-inch highlighted. We have to send the model to Innovyze. They weren't able to help us over the phone. We will get you the maps as soon as possible.
>
> Thanks,
>
> Melissa
>
> **Melissa C. (Henderson) Mack**, PE
>
> Associate, Project Manager
>
> <image001.gif>

2925 Briarpark Drive, Suite 400 • Houston, TX 77042-3720

T 713.266.6900 **x** 2436 **D** 713.821.0436

www.lan-inc.com • MCMack@lan-inc.com

From: Daugherty Johnson [mailto:djohnson@cityofflint.com]
Sent: Wednesday, March 11, 2015 9:07 AM
To: Mack, Melissa; Green, Warren; Matta, Samir
Subject: Flint Water Age map

Hello Melissa. Would you please send me a copy of the latest Water Age map for Flint.

Thanks

Duffy

Olszewski, Rosemarie (DEQ)

From: Prysby, Mike (DEQ)
Sent: Tuesday, March 17, 2015 4:26 PM
To: Howard Croft; Brent Wright; Daugherty Johnson; Dayne Walling; donna. cole; gdn2 @aol.com; James Henry; jmikewright; JoAnne Herman; John O'Brien; Kirk Smith; larry.koehler@mcc.edu; Laura Sullivan; Michael Glasgow; Mike Lane; Natasha Henderson; Norb Birchmeier; Pete Levine; rob.nicholas@veolia.com; Robert Nicholas; rosejo@msu.edu; Russell Hudson; Samir Matta; Warren Green
Cc: Busch, Stephen (DEQ)
Subject: RE: TTHM Draft Letter
Attachments: Draft - Flint Letter to Healthcare Providers.docx

Howard,

I made a few changes to the draft letter...in red (see attached)....mainly to make a more clear distinction between the locational running annual average and the stand-alone quarter (February 2015) results and how it affects the number of sites in compliance. If you have any questions, feel free to call me.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

From: Howard Croft [mailto:hcroft@cityofflint.com]
Sent: Monday, March 16, 2015 4:28 PM
To: Brent Wright; Daugherty Johnson; Dayne Walling; donna. cole; gdn2@aol.com; Howard Croft; James Henry; jmikewright; JoAnne Herman; John O'Brien; Kirk Smith; larry.koehler@mcc.edu; Laura Sullivan; Michael Glasgow; Mike Lane; Prysby, Mike (DEQ); Natasha Henderson; Norb Birchmeier; Pete Levine; rob.nicholas@veolia.com; Robert Nicholas; rosejo@msu.edu; Russell Hudson; Samir Matta; Warren Green
Subject: TTHM Draft Letter

Team,

We have received our notice from the DEQ and our next step is to have this group preview the letter that we intend to send to the public along with it. I have forwarded everyone a draft of the letter for any comments and I am also sending again all of the literature that was forwarded from Mr. Wright of the EPA and DR. Rose of MSU.

We expect to have an additional FAQ ready and out to this group on Tuesday and we anticipate the violation notice going out in the near future.

The **citizens advisory group** will meet again on this Thursday, we are currently looking to have another **Technical Advisory Committee** with this group in early April.

Thank you,
--
Howard Croft
Public Works Director
City of Flint
1101 S. Saginaw Street
Flint, MI 48502
PH# 810.766.7135 Ext.2043
hcroft@cityofflint.com

DRAFT Letter to Flint Healthcare Providers

The safety and quality of Flint's water has been in the news for months. We have worked hard to address these issues and have succeeded in bringing Flint's water within the state's safety guidelines on all measures, including TTHM (total trihalomethanes). Excess TTHM triggered the initial letter to our customers earlier this year.

Even though Flint water now meets the standards and is testing significantly below the state's allowable contamination levels, we are required to send out another letter to residents because the *annual* quarterly testing average is not yet below the state's allowable average.

Flint tests for TTHM – a byproduct of the water chlorination process – at eight different sites in the city. When we began using the Flint River as a source in April of 2014, our first round of quarterly testing for TTHM was conducted in May. At that time, only two testing sites were below the allowable maximum; in August, every site was above the allowable maximum.

The City, with the help of LAN engineering, developed an Operation Evaluation Report (OER) which contained an action plan to address the issue. That plan was implemented with steps including upgrading the ozone treatment process at the Water Treatment Plant (WTP), **complete softening,** increasing water main/hydrant flushing to decrease stagnation, small scale testing of treatment to identify areas of improvement, applying overall improvements to the WTP through operational changes and to the distribution system through water circulation modeling

Because the public notice is based on a **locational running** annual average of quarterly results a notice was not required until November, at which time all but one testing **location** was below the allowable levels. **Our most recent testing in February 2015 showed all locations well below state allowable levels; however, the locational running annual average (based on the four most recent quarters – May 2014 – Feb. 2015) results in all but two locations being below the allowable level.** (See the attached graph outlining our progress.)

We have taken many steps to continue to improve the safety and quality of Flint's water, including bringing in international urban water system consultants, Veolia North America, and establishing two advisory committees: a Citizens Advisory Committee, along with a Technical Advisory Committee made up of representatives from the University of Michigan, Michigan State University, Kettering University, Mott Community College, Genesys, McLaren, and Hurley Hospitals along with local health officials including the Genesee Medical Society the Genesee County Public Health Department, the Michigan Department of Environmental Quality and the U.S. Environmental Protection Agency.

We have also established a hotline 810-787-6537 and a place for continuing updates on the city's website cityofflint.com and have encouraged residents who are concerned about their water to report it to us immediately so that we can make arrangements for on-site testing. Although we have been offering this for more than a month, to date only a few residents have requested on-site testing. All residents wishing to have their water tested can call the hotline number or send an email to flintwater@cityofflint.com.

Despite our progress, we are required by law to once again advise residents about what *was* an excess of TTHM in Flint's water system at the eight testing sights last year. The letter – a draft of which is enclosed for your information – includes legally required language recommending that residents who have (severely compromised immune systems, have an infant, or are elderly) should contact their physician. This is standard language from the U.S. EPA which is included in every water quality or water related report the City publishes, regardless of whether there are specific health or quality concerns, and is used by other municipalities nationwide. We failed to alert you in advance of our original letter we were required to send out earlier this year – and we don't want to make that mistake again. We have enclosed a fact sheet and a list of Frequently Asked Questions in an effort to help you respond to any inquiries you may get from patients.

We recognize that Flint's water system may still be challenged with *quality* issues such as discoloration or odor but we assure you the *safety* of the water meets all state standards. You should also know that the City also publishes its monthly tests for a wide variety of water treatment components, including chloride levels, on its website at cityofflint.com/?page_id=5643.

We urge you to contact the City of Flint Water Treatment Plant with any specific questions or concerns you may have on this issue. We will do our absolute best to get you the answers you need.

Sincerely,

RT

Olszewski, Rosemarie (DEQ)

From: Prysby, Mike (DEQ)
Sent: Friday, February 06, 2015 12:57 PM
To: emurphy@cityofflint.com
Subject: RE: Water Supply Sources

Elizabeth,

Yes, a source water assessment was completed for the Flint River and a report is available. I will send it to you asap (later today or on Monday).

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

From: Prysby, Mike (DEQ)
Sent: Friday, February 06, 2015 11:01 AM
To: 'emurphy@cityofflint.com'
Subject: FW: Water Supply Sources

Elizabeth,

Below is a link to our website that lists all of surface water systems in Michigan. You will need to scroll down to the bottom of the list to see the listing of supplies using a river as their source. Also, I am not aware of any source water assessment conducted for the Flint River watershed; however, I would like to confirm that. I will let you know asap once I obtain the confirmation.

http://www.michigan.gov/deq/0,4561,7-135-3313_3675_3691-9775--,00.html

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

Olszewski, Rosemarie (DEQ)

From: Prysby, Mike (DEQ)
Sent: Thursday, February 12, 2015 11:43 AM
To: 'bwright@cityofflint.com'; 'rbincsik@cityofflint.com'
Subject: Residential customers

Brent, Rob....

I need Flint's most recent number of active residential service connections as part of updating MDEQ's estimated population served. Also, add in commercial and industrial accounts; however, keep them separate. Thanks.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

Olszewski, Rosemarie (DEQ)

From: Prysby, Mike (DEQ)
Sent: Friday, May 01, 2015 10:01 AM
To: 'rbincsik@cityofflint.com'
Subject: Watermain breaks

Robert,

Based upon the discussion during our April 29th site visit, you have forwarded available information concerning the occurrence (location & date) of watermain breaks in the city of Flint during 2014. Please provide us with a copy of this information at your earliest convenience. Thanks.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

Olszewski, Rosemarie (DEQ)

From: Rosenthal, Adam (DEQ)
Sent: Tuesday, May 12, 2015 4:33 PM
To: Mike Glasgow
Subject: distribution WQPs

Good afternoon Mike, we did not receive a 2nd half 2014 water quality parameters in the distribution system for the City of Flint. Please email me a copy when you get this.

thanks,

Adam Rosenthal, EQA
MDEQ – Office of Drinking Water and Municipal Assistance
Lansing District – Constitution Hall 1SW
PO Box 30242
Lansing, MI 48909
517-284-6644
fax: 517-241-3571

For MORs, Lab Results & Reporting Forms:
DEQ-DWMA-Lansing@michigan.gov

Olszewski, Rosemarie (DEQ)

From: Rosenthal, Adam (DEQ)
Sent: Monday, February 09, 2015 1:21 PM
To: Mike Glasgow
Subject: January '15 MOR

Hi Mike, any chance you have your January MOR ready? I need a copy, EPA is asking for some data as they are getting calls. Please send what you have.

thanks,

Adam Rosenthal, EQA
MDEQ – Office of Drinking Water and Municipal Assistance
Lansing District – Constitution Hall 1SW
PO Box 30242
Lansing, MI 48909
517-284-6644
fax: 517-241-3571

For MORs, Lab Results & Reporting Forms:
DEQ-DWMA-Lansing@michigan.gov

Olszewski, Rosemarie (DEQ)

From: Rosenthal, Adam (DEQ)
Sent: Friday, February 27, 2015 9:13 AM
To: Mike Glasgow
Subject: Lead Copper Cert form

Morning Mike, I need your lead/copper cert form – it was due by 1/10/15. I also need your 4th quarter WQPs for 2014. EPA is asking due to your 104 hit on lead. If you can, I need them today.

thanks,

Adam Rosenthal, EQA
MDEQ – Office of Drinking Water and Municipal Assistance
Lansing District – Constitution Hall 1SW
PO Box 30242
Lansing, MI 48909
517-284-6644
fax: 517-241-3571

For MORs, Lab Results & Reporting Forms:
DEQ-DWMA-Lansing@michigan.gov

Olszewski, Rosemarie (DEQ)

From: Rosenthal, Adam (DEQ)
Sent: Tuesday, March 10, 2015 9:53 AM
To: Michael Glasgow
Subject: RE: City of Flint Water Plant Monitoring Results

Got it, thanks Mike.

Adam Rosenthal, EQA
MDEQ – Office of Drinking Water and Municipal Assistance
Lansing District – Constitution Hall 1SW
PO Box 30242
Lansing, MI 48909
517-284-6644
fax: 517-241-3571

For MORs, Lab Results & Reporting Forms:
DEQ-DWMA-Lansing@michigan.gov

From: Michael Glasgow [mailto:mglasgow@cityofflint.com]
Sent: Tuesday, March 10, 2015 9:51 AM
To: Rosenthal, Adam (DEQ)
Subject: City of Flint Water Plant Monitoring Results

Adam,

Good morning, here are the results of our February monthly bromate monitoring, and our first quarter radiological testing.

Mike Glasgow
City of Flint Water Plant

Olszewski, Rosemarie (DEQ)

From: Rosenthal, Adam (DEQ)
Sent: Thursday, May 14, 2015 9:50 AM
To: Michael Glasgow
Subject: RE: distribution WQPs

thank you sir.

Adam

From: Michael Glasgow [mailto:mglasgow@cityofflint.com]
Sent: Thursday, May 14, 2015 8:53 AM
To: Rosenthal, Adam (DEQ)
Subject: Re: distribution WQPs

Adam,

Here is the 1st quarter WQP for 2015.

Mike

On Wed, May 13, 2015 at 3:07 PM, Rosenthal, Adam (DEQ) <ROSENTHALA@michigan.gov> wrote:

got it. Now I need the 1st qtr 2015.

thanks,

Adam Rosenthal, EQA

MDEQ – Office of Drinking Water and Municipal Assistance

Lansing District – Constitution Hall 1SW

PO Box 30242

Lansing, MI 48909

517-284-6644

fax: 517-241-3571

For MORs, Lab Results & Reporting Forms:

DEQ-DWMA-Lansing@michigan.gov

From: Michael Glasgow [mailto:mglasgow@cityofflint.com]
Sent: Wednesday, May 13, 2015 11:54 AM
To: Rosenthal, Adam (DEQ)
Subject: Re: distribution WQPs

Adam,

Here are the 2014 WQM parameters during full time plant operation.

Mike

On Tue, May 12, 2015 at 4:32 PM, Rosenthal, Adam (DEQ) <ROSENTHALA@michigan.gov> wrote:

Good afternoon Mike, we did not receive a 2nd half 2014 water quality parameters in the distribution system for the City of Flint. Please email me a copy when you get this.

thanks,

Adam Rosenthal, EQA

MDEQ – Office of Drinking Water and Municipal Assistance

Lansing District – Constitution Hall 1SW

PO Box 30242

Lansing, MI 48909

517-284-6644

fax: 517-241-3571

For MORs, Lab Results & Reporting Forms:

DEQ-DWMA-Lansing@michigan.gov

Olszewski, Rosemarie (DEQ)

From: Rosenthal, Adam (DEQ)
Sent: Wednesday, May 13, 2015 3:08 PM
To: Michael Glasgow
Subject: RE: distribution WQPs

got it. Now I need the 1st qtr 2015.

thanks,

Adam Rosenthal, EQA
MDEQ – Office of Drinking Water and Municipal Assistance
Lansing District – Constitution Hall 1SW
PO Box 30242
Lansing, MI 48909
517-284-6644
fax: 517-241-3571

For MORs, Lab Results & Reporting Forms:
DEQ-DWMA-Lansing@michigan.gov

From: Michael Glasgow [mailto:mglasgow@cityofflint.com]
Sent: Wednesday, May 13, 2015 11:54 AM
To: Rosenthal, Adam (DEQ)
Subject: Re: distribution WQPs

Adam,

Here are the 2014 WQM parameters during full time plant operation.

Mike

On Tue, May 12, 2015 at 4:32 PM, Rosenthal, Adam (DEQ) <ROSENTHALA@michigan.gov> wrote:

Good afternoon Mike, we did not receive a 2nd half 2014 water quality parameters in the distribution system for the City of Flint. Please email me a copy when you get this.

thanks,

Adam Rosenthal, EQA

MDEQ – Office of Drinking Water and Municipal Assistance

Lansing District – Constitution Hall 1SW

PO Box 30242

Lansing, MI 48909

517-284-6644

fax: 517-241-3571

For MORs, Lab Results & Reporting Forms:

DEQ-DWMA-Lansing@michigan.gov

Olszewski, Rosemarie (DEQ)

From: Rosenthal, Adam (DEQ)
Sent: Monday, February 09, 2015 2:36 PM
To: Michael Glasgow
Subject: RE: January '15 MOR

ok, thanks.

Adam Rosenthal, EQA
MDEQ – Office of Drinking Water and Municipal Assistance
Lansing District – Constitution Hall 1SW
PO Box 30242
Lansing, MI 48909
517-284-6644
fax: 517-241-3571

For MORs, Lab Results & Reporting Forms:
DEQ-DWMA-Lansing@michigan.gov

From: Michael Glasgow [mailto:mglasgow@cityofflint.com]
Sent: Monday, February 09, 2015 2:00 PM
To: Rosenthal, Adam (DEQ)
Subject: Re: January '15 MOR

Adam,

I'm just about finished with it, just finishing up with some of the operational chemical feed data, I will send a pdf copy to you tomorrow when it will be fully complete. Attached is what I have done so far.

Mike

On Mon, Feb 9, 2015 at 1:20 PM, Rosenthal, Adam (DEQ) <ROSENTHALA@michigan.gov> wrote:

Hi Mike, any chance you have your January MOR ready? I need a copy, EPA is asking for some data as they are getting calls. Please send what you have.

thanks,

Adam Rosenthal, EQA

MDEQ – Office of Drinking Water and Municipal Assistance

Lansing District – Constitution Hall 1SW

PO Box 30242

Lansing, MI 48909

517-284-6644

fax: 517-241-3571

For MORs, Lab Results & Reporting Forms:

DEQ-DWMA-Lansing@michigan.gov

Pallone, Maggie (DEQ)

Subject:	Meet with Flint Schools Superintendent
Location:	923 E. Kearsley Street, Flint 48503
Start:	Fri 10/16/2015 1:00 PM
End:	Fri 10/16/2015 2:00 PM
Show Time As:	Tentative
Recurrence:	(none)
Meeting Status:	Not yet responded
Organizer:	Feuerstein, Heather (DEQ)
Required Attendees:	Krisztian, George (DEQ); Tommasulo, Karen (DEQ); Shekter Smith, Liane (DEQ); Dykema, Linda D. (DHHS); Edgerton, Shelly (LARA); Wells, Eden (DHHS)
Optional Attendees:	Wyant, Dan (DEQ); Thelen, Mary Beth (DEQ); Pallone, Maggie (DEQ); Wurfel, Brad (DEQ) (WurfelB@michigan.gov); Devereaux, Tracy Jo (DEQ)

Mr. Tawwab, along with Deputy Superintendent Sharrece Farris and Tony Sitko, Director of Shared Services, will be attending the meeting with the Superintendent.

The meeting will take place in room 215 of the Flint Community Schools' Administration Building located at 923 E. Kearsley Street, Flint 48503.

There is no phone in this room so we can't do a conference call.

My contact is Monaca Wood 810-760-1249

Pallone, Maggie (DEQ)

From:	Feuerstein, Heather (DEQ)
Sent:	Thursday, October 15, 2015 3:55 PM
To:	Krisztian, George (DEQ); Tommasulo, Karen (DEQ); Shekter Smith, Liane (DEQ); Dykema, Linda D. (DHHS); Edgerton, Shelly (LARA); Wells, Eden (DHHS)
Cc:	Wyant, Dan (DEQ); Pallone, Maggie (DEQ); Wurfel, Brad (DEQ); Thelen, Mary Beth (DEQ); Devereaux, Tracy Jo (DEQ); Shaler, Karen (DEQ)
Subject:	Meeting with Flint Superintendent

Hello all,

A meeting has been scheduled for 1:00 Friday, October 16 @ 1:00 with the Flint Schools Superintendent. There unfortunately is no conference call capabilities. I know some of you were hoping to phone in.

I will be sending out a meeting notice momentarily with a bit more information. This was just a heads up, so you were not surprised by the meeting notice.

Thanks!
Heather Feuerstein
Management Assistant to
Maggie Pallone, Deputy Director and
Brad Wurfel, Communications Director
Department of Environmental Quality
517.284.6715

Pallone, Maggie (DEQ)

From: Feuerstein, Heather (DEQ)
Sent: Wednesday, October 14, 2015 5:15 PM
To: mwood@flintschools.org
Cc: Pallone, Maggie (DEQ); Thelen, Mary Beth (DEQ)
Subject: Meeting request with the Superintendent on Friday

Hi Monaca,

Thank you so much for your help today. Below is the information you requested.

Proposed date and time: Friday October, 16 @ 1:00 pm
Attendees: Dan Wyant-DEQ Director
Maggie Pallone-DEQ Deputy Director
George Krisztian-DEQ Flint Action Plan Coordinator
Karen Tommasulo-DEQ Public Information Officer
Eric Shaw-DEQ Communications Assistant
Liane Shekter Smith-DEQ Office of Drinking Water and Municipal Assistance Chief
Linda Dykema-DHHS Flint Point Person (we don't think she can come in person, maybe a phone participant)
Shelly Edgerton-LARA Flint Point Person
Dr. Wells-Governor appointed doctor to advise on the situation in the Flint schools. (we don't think she can come in person, maybe a phone participant)
**We also think it would be helpful to invite the principals from the three most affected schools.

Goal: Apprise the Superintendent of the situation in the schools. Describe the sampling process that will be taking place and who will be doing what.

If you have any questions or concerns please feel free to contact me!

Thanks!
Heather Feuerstein
Management Assistant to
Maggie Pallone, Deputy Director and
Brad Wurfel, Communications Director
Department of Environmental Quality
517.284.6715

Pallone, Maggie (DEQ)

From: Krisztian, George (DEQ)
Sent: Tuesday, October 13, 2015 10:25 AM
To: Sygo, Jim (DEQ); Thelen, Mary Beth (DEQ); Shaler, Karen (DEQ); Pallone, Maggie (DEQ)
Subject: FW: 3rd Quarter Water Report

FYI

George L. Krisztian
Flint Action Plan Coordinator
Laboratory Director
Michigan Department of Environmental Quality
Desk ph (517) 284-6719
Cell ph (517) 204-0381

From: Lane, Mike [mailto:mjlane@umflint.edu]
Sent: Tuesday, October 13, 2015 9:53 AM
To: 'Lytle, Darren'; Howard Croft; Andy Leavitt
Cc: Marc Edwards; Amy Hovey; Brent Wright; Dayne Walling; donna. cole; Dykema, Linda D. (DHHS); Krisztian, George (DEQ); Gerald (Jed) Natzke; James Henry; Jamie Gaskin; Jason Lorenz; jmikewright; JoAnne Herman; John O'Brien; Kirk Smith; larry.koehler@mcc.edu; Laura Sullivan; Lawrence Reynolds; Lawrence Reynolds; Michael Glasgow; Wright, Michael; Prysby, Mike (DEQ); Natasha Henderson; Norb Birchmeier; Pete Levine; Robert Bincsik; rosejo@msu.edu; Russell Hudson; Samir Matta; Schock, Michael; Sean Kammer; Busch, Stephen (DEQ); Warren Green; Wurfel, Brad (DEQ); Anthony Chubb; Kevin Keane
Subject: RE: 3rd Quarter Water Report

Howard,

I agree with Darren that it may be a good idea to let the community know and prepare them that while switching back to Detroit water in the near future they will likely see discolored water, particulates, etc. during the transition.

Also, providing specific details on how to sample water in their homes would be helpful... the first draw, how long to flush before taking the second sample, how long water should sit in pipes before the first draw, etc.

It would further help to rebuild trust with the community to share the City's plan/timeline of more aggressive water quality sampling, specifically as it relates to lead exposure in homes and schools. Is there a timeline that can be shared which the City is working with to identify homes with lead service lines, and how can the City and State work together to assist those homeowners with mitigation. Perhaps indicating that the issue of lead is and will remain a high priority for the City until all households, schools, etc. have reliable/safe water quality regardless of whether the source of lead is from city transmission lines or a property owner's service line and home fixtures would also be helpful.

Mike

** ** ** ** ** ** ** **

Michael Lane
Director, Environment, Health and Safety
The University of Michigan-Flint
810-766-6763
810-919-1709 cell
mjlane@umflint.edu

From: Lytle, Darren [mailto:Lytle.Darren@epa.gov]
Sent: Tuesday, October 13, 2015 7:40 AM
To: Howard Croft; Andy Leavitt
Cc: Marc Edwards; Amy Hovey; Brent Wright; Dayne Walling; donna. cole; dykemal; George Krisztian (DEQ); Gerald (Jed) Natzke; James Henry; Jamie Gaskin; Jason Lorenz; jmikewright; JoAnne Herman; John O'Brien; Kirk Smith; larry.koehler@mcc.edu; Laura Sullivan; Lawrence Reynolds; Lawrence Reynolds; Michael Glasgow; Wright, Michael; Lane, Mike; Mike Prysby (DEQ); Natasha Henderson; Norb Birchmeier; Pete Levine; Robert Bincsik; rosejo@msu.edu; Russell Hudson; Samir Matta; Schock, Michael; Sean Kammer; Stephen Busch (DEQ); Warren Green; Wurfel, Brad (DEQ); Anthony Chubb; Kevin Keane
Subject: RE: 3rd Quarter Water Report

Howard,

I am in agreement with past comments and suggestions. Is this the time to let the public know your future plans? Are you expecting to be back to Detroit water next quarter? If so, that does not necessarily come without issues. It is a change and the potential for a brief upset (e.g., "red" water, particles, etc) exists. Would it be worth letting the public know in advance? Under "current drinking water issues", do you want to let residents know how and where to take samples here? A sampling plan (beyond LCR compliance sampling) is very important to understand the relative lead source (brass , solder and service lines) contributions, assess the current situation and the effectiveness of the return to Detroit water to reduce lead. You could state that on is being developed.

Darren

Darren A. Lytle, Ph.D., P.E.
Branch Chief (Acting)
U.S. Environmental Protection Agency
26 West Martin Luther King Dr.
Cincinnati, Ohio 45268
Phone: (513) 569-7432
Fax: (513) 487-2543
email: lytle.darren@epa.gov

From: Howard Croft [mailto:hcroft@cityofflint.com]
Sent: Sunday, October 11, 2015 7:29 AM
To: Andy Leavitt
Cc: Marc Edwards; Amy Hovey; Brent Wright; Lytle, Darren; Dayne Walling; donna. cole; dykemal; George Krisztian (DEQ); Gerald (Jed) Natzke; James Henry; Jamie Gaskin; Jason Lorenz; jmikewright; JoAnne Herman; John O'Brien; Kirk Smith; larry.koehler@mcc.edu; Laura Sullivan; Lawrence Reynolds; Lawrence Reynolds; Michael Glasgow; Wright, Michael; Mike Lane; Mike Prysby (DEQ); Natasha Henderson; Norb Birchmeier; Pete Levine; Robert Bincsik; rosejo@msu.edu; Russell Hudson; Samir Matta; Schock, Michael; Sean Kammer; Stephen Busch (DEQ); Warren Green; Wurfel, Brad (DEQ); Anthony Chubb; Kevin Keane
Subject: Re: 3rd Quarter Water Report

All,

The comments were very helpful and I have made several revisions to the report that was sent yesterday, please review the amendments and forward any additional recommendations. I would like to solicit comments from anyone in the medical community that is willing to be quoted.

On Sat, Oct 10, 2015 at 12:03 PM, Andy Leavitt <aleavitt@senatedems.org> wrote:

I would echo Marc's sentiment on the bold language agreeing with his points but I would also add that trust needs to be rebuilt and the public simply will not believe anything in the document if you start by telling them it still meets standards. They do not differentiate between regs and rules but they know the water does not meet the standard of the physician community.

I would also recommend opening with timeline of going back to Detroit and what steps people can take to mitigate lead issues. Preferably with an excerpt from a physician.

The technical information matters for transparency but the trust gap is so wide that most people will be skeptical of all of it.

On Sat, Oct 10, 2015 at 11:48 AM Marc Edwards <edwardsm@vt.edu> wrote:

Hi Howard,

I think it is universally acknowledged now, that 30 seconds to 2 minutes flushing are not adequate, and **all public education should say 5 minutes flushing.**

I also think that given results of our team sampling 277 homes, the high levels of lead MDEQ detected in the Flint schools (a 90%'ile over 15 ppb..which is horrible because they are not tier 1 plumbing sites), and the problems in the official LCR sampling conducted in late 2014-2015, that the following statement (in bold) is not really helpful in getting the message out about the current health risks. The bold statement seems more like wishful thinking or a legal position, and detracts from the goal of telling the public about the known problems.

After 16 months of treating water from the Flint River, the City became aware that the while ***still meeting all Safe Drinking Water Standards****, the level of corrosiveness could result in more lead leaching from service lines and household plumbing.*

That is my input. I am available at 540 231-7236 or 540 320-8740, if anyone should have questions about this.

Best Regards,

Marc Edwards

From: Howard Croft [mailto:hcroft@cityofflint.com]
Sent: Saturday, October 10, 2015 8:33 AM
To: Amy Hovey; Andy Leavitt; Brent Wright; Darren Lytle; Dayne Walling; donna. cole; dykemal; edwardsm; George Krisztian (DEQ); Gerald (Jed) Natzke; Howard Croft; James Henry; Jamie Gaskin; Jason Lorenz; jmikewright; JoAnne Herman; John O'Brien; Kirk Smith; larry.koehler@mcc.edu; Laura Sullivan; Lawrence Reynolds; Lawrence Reynolds; Michael Glasgow; Michael Wright; Mike Lane; Mike Prysby (DEQ); Natasha Henderson; Norb Birchmeier; Pete Levine; Robert Bincsik; rosejo@msu.edu; Russell Hudson; Samir Matta; schock.michael@epa.gov; Sean Kammer; Stephen Busch (DEQ); Warren Green; Wurfel, Brad (DEQ); Anthony Chubb; Kevin Keane

Subject: 3rd Quarter Water Report

Team,

Included in this email is a copy of the first quarter water quality report that has been developed by the Utilities Division. Please take a look and offer any comments that you may have regarding content. There will be an additional one page insert containing three months test data inserted prior to distribution.

The purpose of the quarterly mailer is to increase communication, provide more transparency, and put more information into the hands of the public about what's occurring within the water system and with the infrastructure.

I will be putting together a separate weekly report for this Committee.

Thank you,

--

Howard Croft

Public Works Director

City of Flint

1101 S. Saginaw Street

Flint, MI 48502

PH# 810.766.7135 Ext.2043

hcroft@cityofflint.com

--

Howard Croft
Public Works Director
City of Flint
1101 S. Saginaw Street
Flint, MI 48502
PH# 810.766.7135 Ext.2043
hcroft@cityofflint.com

Pallone, Maggie (DEQ)

From: Rep. Sheldon Neeley (District 34) <SheldonNeeley@house.mi.gov>
Sent: Monday, October 5, 2015 2:03 PM
To: Pallone, Maggie (DEQ); Wurfel, Brad (DEQ); Prysby, Mike (DEQ)
Cc: Clyde Edwards; neeleyrep34@gmail.com
Subject: Additional testing

Good Afternoon,

In addition to the water in public schools in the Flint area being tested, I am requesting that private and charter schools also be tested.

Thank you.

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING DISTRICT OFFICE

DAN WYANT
DIRECTOR

August 17, 2015

Mr. Brent Wright
City of Flint - DPW
Flint Water Plant
4500 North Dort Highway
Flint, Michigan 48505

Dear Mr. Wright:

SUBJECT: Flint, City of WSSN: 02310
Lead and Copper Monitoring of Drinking Water Taps

The Department of Environmental Quality (DEQ), Office of Drinking Water and Municipal Assistance (ODWMA), received your report for the monitoring period January 1, 2015, through June 30, 2015.

Action Levels	Results this monitoring period			
	90th Percentile	# of Samples Above Action Level	# of Samples Required	# of Samples Collected
Lead 15 parts per billion (ppb)	11 ppb	6	60	69
Copper 1.3 parts per million (ppm)	0.16 ppm	0	60	69

Ninety percent or more of the sites you tested are within action levels under the administrative rules promulgated under the Michigan Safe Drinking Water Act, 1976 PA 399, as amended (Act 399). These results must be reported on your 2015 Consumer Confidence Report (CCR) due to our office, your customers, and the local health department, by July 1, 2016. Also include the following statement in the CCR, regardless of the lead and copper levels:

If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. The City of Flint is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline at 1-800-426-4791 or at http://www.water.epa.gov/drink/info/lead.

Recent changes to the Lead and Copper Rule (LCR) require the water supply to provide individual lead tap results to people who receive water from sites that were sampled, even if lead was not detected, within 30 days of learning of results. You must also send us a certification that you met all the delivery requirements along with a sample copy of your customer notice by three months after the end of the monitoring period. To download the *Lead and Copper Report and Consumer Notice of Lead Result Certificate* in Microsoft Word or PDF format, visit http://www.michigan.gov/deq. Click on Water, Drinking Water, Community Water Supply, and Reporting Forms under the Manuals, Forms and Brochures heading. Water supplies that fail to distribute the Consumer Notice of Lead Results must include the following statement in their CCR, "During the year, we failed to provide lead results to persons served at the sites that were tested as required by the Lead and Copper Rule."

While the City's LCR compliance monitoring has continued to meet action level requirements, the LCR also requires all large systems (those serving over 50,000 people) to optimize corrosion control regardless of their 90th percentile lead concentration. One way to demonstrate fully optimized corrosion control treatment is through two consecutive six month rounds of LCR compliance monitoring in which the difference between the 90th percentile level and the highest source water lead concentration is less than the Practical Quantitative Level for lead (0.005 milligrams per liter). Since the City did not meet these criteria in both the July – December 2014, and January – June 2015, sampling periods, the City must now recommend a treatment to fully optimize corrosion control treatment within six months in accordance with requirements under Act 399, Administrative Rule 604f (R 325.10604f). **This recommendation must be provided to our office as soon as possible, but no later than January 1, 2016.**

However, given the past use of phosphate treatment by the Detroit Water and Sewerage Department (DWSD) to fully optimize corrosion control treatment when the City was a wholesale customer of DWSD, the ODWMA recommends the City select this as its recommended treatment option, and begin implementation as soon as possible to address ongoing concerns by customers regarding lead levels within their premise plumbing systems. Under the second step of this Rule, the DEQ can specify optimal corrosion control treatment.

Our office will inform you when monitoring needs to be conducted as part of the optimization of the implemented corrosion control treatment. Customer requested samples for lead shall continue to be collected and analyzed. Please make every attempt to select the same sites used in the previous monitoring period, giving Tier 1 sites first priority. If original sites are unavailable, select replacement sites based on the Tier 1, 2, and 3 criteria.

Please contact me at 517-284-6644 or rosenthala@michigan.gov at your earliest convenience to discuss how the City will be complying with the above requirements.

Sincerely,

Adam Rosenthal, Environmental Quality Analyst
Lansing District Office
Office of Drinking Water and Municipal Assistance

cc: Mr. Michael Glasgow, City of Flint

Pallone, Maggie (DEQ)

From: Pallone, Maggie (DEQ)
Sent: Tuesday, September 29, 2015 1:58 PM
To: Busch, Stephen (DEQ)
Subject: Fwd: MDEQ Water Testing for Flint Community Schools
Attachments: Copy of 2015-2016 FCS Telephone Address Lists.pdf; ATT00001.htm

FYI

Begin forwarded message:

> **From:** "Sitko, Anthony M" <tsitko@flintschools.org>
> **Date:** September 29, 2015 at 1:23:19 PM EDT
> **To:** "pallonem@michigan.gov" <pallonem@michigan.gov>
> **Cc:** "Tawwab, Bilal" <btawwab@flintschools.org>, FARRIS SHARRECE <sfarris@flintschools.org>, Lisa Ermak <lermak@byrumfisk.com>
> **Subject: MDEQ Water Testing for Flint Community Schools**
>
> Greetings, Maggie,
>
> Thank you for taking the time to talk with me this afternoon regarding water testing for our schools. Please find the attached list of sites within the Flint Community Schools at which Superintendent Tawwab would like water tested.
>
> Per our discussion on the phone this afternoon, the list of school buildings is attached and I will be available between 3:00PM and 5:00PM for a conference call with yourself and the identified other parties.
>
> I await your reply on the time for the conference call.
>
> Regards,
> Tony

Pallone, Maggie (DEQ)

From: Pallone, Maggie (DEQ)
Sent: Tuesday, September 29, 2015 5:16 PM
To: Busch, Stephen (DEQ); Wurfel, Brad (DEQ) (WurfelB@michigan.gov)
Subject: FW: MDEQ Water Testing for Flint Community Schools

Steve-
Can you work on putting together the quick info they will need?
Thanks,
Maggie

From: Sitko, Anthony M [mailto:tsitko@flintschools.org]
Sent: Tuesday, September 29, 2015 5:15 PM
To: Pallone, Maggie (DEQ) <PalloneM@michigan.gov>
Cc: Tawwab, Bilal <btawwab@flintschools.org>; Lisa Ermak <lermak@byrumfisk.com>
Subject: RE: MDEQ Water Testing for Flint Community Schools

Greetings Maggie,

Mr. Tawwab our Superintendent has a principal meeting tomorrow morning with our district principals.

If at all possible it would be good for us to be able to present them with the information needed (protocols) to prepare for the County Health Department to get the water samples from the schools on Thursday and/or Friday.

Mr. Tawwab would like to get them a memo communication in the morning to this effect. Therefore, please send the needed information that we discussed in the conference call as early as you can tomorrow for this important communication to our district principals.

Thanking you in advance,
Tony

From: Pallone, Maggie (DEQ) [mailto:PalloneM@michigan.gov]
Sent: Tuesday, September 29, 2015 3:12 PM
To: Sitko, Anthony M
Cc: Tawwab, Bilal; FARRIS SHARRECE; Lisa Ermak; Busch, Stephen (DEQ); Tommasulo, Karen (DEQ); Pallone, Maggie (DEQ)
Subject: RE: MDEQ Water Testing for Flint Community Schools

We would like to have this call at 4:00.

Conference call info: 1-888-251-2909
Access Code: 8426781

Please let me know if you have any questions.

Thanks!

Heather Feuerstein for Maggie Pallone
Management Assistant to
Maggie Pallone, Deputy Director and
Brad Wurfel, Communications Director
Department of Environmental Quality
517.284.6715

From: Sitko, Anthony M [mailto:tsitko@flintschools.org]
Sent: Tuesday, September 29, 2015 1:23 PM
To: Pallone, Maggie (DEQ)
Cc: Tawwab, Bilal; FARRIS SHARRECE; Lisa Ermak
Subject: MDEQ Water Testing for Flint Community Schools
Importance: High

Greetings, Maggie,

Thank you for taking the time to talk with me this afternoon regarding water testing for our schools. Please find the attached list of sites within the Flint Community Schools at which Superintendent Tawwab would like water tested.

Per our discussion on the phone this afternoon, the list of school buildings is attached and I will be available between 3:00PM and 5:00PM for a conference call with yourself and the identified other parties.

I await your reply on the time for the conference call.

Regards,
Tony

FLINT COMMUNITY SCHOOLS

Expect More. Achieve More.

923 E. Kearsley Street • Flint, MI 48503
Phone: (810) 760-1000 / Fax: (810) 760-7601
www.flintschools.org

SCHOOL INFORMATION
2015-2016

SCHOOL	PHONE	FAX	ADDRESS	PRINCIPAL
SECONDARY SCHOOLS				
Northwestern High School	760-1780	760-6809	G-2138 W. Carpenter Rd., 48505	Tim Green
Accelerated Learning Academy (ALA)	760-8500	760-6809	G-2138 W. Carpenter Rd., 48505	Eddie Thomas
Southwestern Classical Academy	760-1400	760-7772	1420 W. Twelfth St., 48507	Cheryl Tate
ELEMENTARY SCHOOLS				
Brownell K-2 STEM Academy	760-1643	760-1538	6302 Oxley Dr., 48504	Darryl Grace
Doyle Ryder Elementary	760-5266	760-5118	1040 N. Saginaw St., 48503	Robert Bueche
Durant-Tuuri-Mott Elementary	760-1594	760-7729	1518 University Ave., 48504	Shelly Umphrey
Eisenhower Elementary	760-1607	760-7457	1235 Pershing St., 48503	Rachel Turner
Freeman Elementary	760-1797	760-6882	4001 Ogema St., 48507	Anita Miller
Holmes 3-6 STEM Academy	760-1968	760-1624	6602 Oxley Dr., 48504	Anna Johnson
Neithercut Elementary	760-1359	760-5133	2010 Crestbrook Ln., 48507	Debra Jackson-Noble
Pierce Elementary	760-1386	760-7147	1101 W. Vernon Dr., 48503	Shalonda Byas
Potter Elementary	760-1813	760-5156	2500 N. Averill Ave., 48506	Gretchen Shafer
OTHER BUILDINGS				
Administration Building	760-1000	760-7601	923 E. Kearsley St., 48503	
Central Kitchen	760-1073	760-7073	305 Walnut , 48503	

Pallone, Maggie (DEQ)

From: Pallone, Maggie (DEQ)
Sent: Tuesday, September 29, 2015 10:09 AM
To: Thelen, Mary Beth (DEQ)
Subject: FW: Testing Flint Schools

From: Andrew Leavitt [mailto:ALeavitt@senate.michigan.gov]
Sent: Monday, September 28, 2015 4:30 PM
To: Pallone, Maggie (DEQ) <PalloneM@michigan.gov>
Subject: Re: Testing Flint Schools

810-625-0861

Thanks

From: "Pallone, Maggie (DEQ)" <PalloneM@michigan.gov>
Date: Monday, September 28, 2015 at 4:23 PM
To: Andy Leavitt <aleavitt@senate.michigan.gov>
Subject: RE: Testing Flint Schools

Hi Andy-
What's your number?

Maggie

From: Andrew Leavitt [mailto:ALeavitt@senate.michigan.gov]
Sent: Monday, September 28, 2015 2:10 PM
To: Pallone, Maggie (DEQ) <PalloneM@michigan.gov>
Subject: Re: Testing Flint Schools

Hi Maggie,

Any movement on this? I have several large institutions asking similar questions.What is the best way they can test? What is that protocol? Is it a city test?

Thanks,

Andy

From: Andy Leavitt <aleavitt@senate.michigan.gov>
Date: Friday, September 25, 2015 at 2:34 PM

To: "Pallone, Maggie (DEQ)" <PalloneM@michigan.gov>
Subject: Testing Flint Schools

Hi Maggie,

The Superintendent of Flint Schools would like to have his 11 buildings tested and we would like that expedited. Can you facilitate ensuring the testing gets done Monday?

Thank you,

Andy

Pallone, Maggie (DEQ)

From: Pallone, Maggie (DEQ)
Sent: Monday, September 28, 2015 4:43 PM
To: 'tsitco@flintschools.org'
Subject: Water testing

Hi Tony-
Andy with Senator Ananich's office asked me to reach out to you regarding testing the Flint school's drinking water. If you could please give me a call back on my cell- 517-599-6190 I would appreciate it.
I also left you a voicemail.
Thanks,
Maggie

Maggie Pallone
Deputy Director
Policy and Legislative Affairs
Department of Environmental Quality
517-599-6190 (cell)
PalloneM@michigan.gov

Wurfel, Brad (DEQ)

From: Busch, Stephen (DEQ)
Sent: Friday, October 02, 2015 10:04 AM
To: Wyant, Dan (DEQ); Pallone, Maggie (DEQ); Wurfel, Brad (DEQ)
Subject: Fwd: Flint WTP Lead Samples
Attachments: 7Laboratory Sample Report.htm; ATT00001.htm; 3Laboratory Sample Report.htm; ATT00002.htm; 6Laboratory Sample Report.htm; ATT00003.htm; 2Laboratory Sample Report.htm; ATT00004.htm; 1Laboratory Sample Report.htm; ATT00005.htm; 4Laboratory Sample Report.htm; ATT00006.htm; 5Laboratory Sample Report.htm; ATT00007.htm

Here's the summary of the WTP lead testing.

Stephen Busch, P.E.
Lansing and Jackson District Supervisor
Office of Drinking Water and Municipal Assistance
MDEQ
517-643-2314

Sent from my iPhone

Begin forwarded message:

> **From:** "Busch, Stephen (DEQ)" <BUSCHS@michigan.gov>
> **To:** "Tommasulo, Karen (DEQ)" <TommasuloK@michigan.gov>
> **Cc:** "Richard Benzie P.E. (BENZIER@michigan.gov)" <BENZIER@michigan.gov>
> **Subject: Flint WTP Lead Samples**
>
> Karen,
>
> The Flint WTP treated water plant tap shows non-detect lead results. The sample dates were:
> 8/11/2015 Non-detect
> 5/12/2015 Non-detect
> 2/16/2015 Non-detect
> 1/22/2015 Non-detect
> 10/28/2014 Non-detect
> 8/6/2014 Non-detect
> 5/22/2014 Non-detect
>
> Stephen Busch, P.E.
> MDEQ Lansing District Coordinator
> Office of Drinking Water and Municipal Assistance
> Lansing and Jackson District Supervisor
> 517-643-2314
> buschs@michigan.gov

Wurfel, Brad (DEQ)

From: Busch, Stephen (DEQ)
Sent: Wednesday, September 30, 2015 1:14 PM
To: Pallone, Maggie (DEQ); Wurfel, Brad (DEQ); Wyant, Dan (DEQ)
Subject: FW: Technical Advisory Meeting

FYI.

Stephen Busch, P.E.
MDEQ Lansing District Coordinator
Office of Drinking Water and Municipal Assistance
Lansing and Jackson District Supervisor
517-643-2314
buschs@michigan.gov

From: Howard Croft [mailto:hcroft@cityofflint.com]
Sent: Wednesday, September 30, 2015 1:01 PM
To: Brent Wright; Dayne Walling; donna. cole; edwardsm; Gerald (Jed) Natzke; Howard Croft; James Henry; Jason Lorenz; jmikewright; JoAnne Herman; John O'Brien; Kirk Smith; larry.koehler@mcc.edu; Laura Sullivan; Michael Glasgow; Michael Wright; Mike Lane; Prysby, Mike (DEQ); Natasha Henderson; Norb Birchmeier; Pete Levine; Robert Bincsik; rosejo@msu.edu; Russell Hudson; Samir Matta; schock.michael@epa.gov; Sean Kammer; Warren Green; Busch, Stephen (DEQ); lytle.darren@epa.gov; Amy Hovey; Andy Leavitt; James Gaskin
Subject: Re: Technical Advisory Meeting

Team,

I am writing to again confirm our meeting which is scheduled for next Wednesday October 7th at 2:00 pm. We have decided to hold the meeting at City Hall but due to rapidly evolving events I will wait until early next week to put out an agenda. In general, we expect to update the most recent water status in order to get everyone on the same page, and then have a targeted agenda that points at both a short term and long term goals.

In staying consistent with our other meetings we anticipate a full sharing of information along with open discussion and a clear direction going forward. Darren Lytle of the EPA has committed to being at the meeting and Marc Edwards of Virginia Tech has agreed to call in.

Please email me if there are any questions.

Thank you,

On Wed, Sep 23, 2015 at 3:52 PM, Howard Croft <hcroft@cityofflint.com> wrote:

Technical Advisory Team,

I am writing to inform everyone that we have scheduled the next Technical Advisory Committee meeting to be Wednesday October 7th, 2015 from 2:00 – 4:30 pm. We are extending invitations to Marc Edwards of Virginia

Tech along with two lead experts from the EPA (Darren Lytle & Michael Schock) to become a part of the technical team and we are hopeful that they will all be present at the upcoming meeting.

At the meeting we will discuss an overview of the City water system, compliance with the Safe Drinking Water Act, lead concerns, corrosion control, water testing, public education, capital improvement plans, the KWA pipeline, and next steps.

I will forward a specific location and agenda in the near future but we are firmly committing to the time and date. As with previous meetings we look forward to this group having positive dialogue that will benefit the community.

Thank you,

--
Howard Croft
Public Works Director
City of Flint
1101 S. Saginaw Street
Flint, MI 48502
PH# 810.766.7135 Ext.2043
hcroft@cityofflint.com

--
Howard Croft
Public Works Director
City of Flint
1101 S. Saginaw Street
Flint, MI 48502
PH# 810.766.7135 Ext.2043
hcroft@cityofflint.com

Wurfel, Brad (DEQ)

From: Busch, Stephen (DEQ)
Sent: Wednesday, September 30, 2015 12:45 PM
To: Pallone, Maggie (DEQ); Wurfel, Brad (DEQ)
Cc: Tommasulo, Karen (DEQ)
Subject: RE: school info

This doc should help.

http://water.epa.gov/infrastructure/drinkingwater/schools/upload/epa816b13002.pdf

Stephen Busch, P.E.
MDEQ Lansing District Coordinator
Office of Drinking Water and Municipal Assistance
Lansing and Jackson District Supervisor
517-643-2314
buschs@michigan.gov

From: Busch, Stephen (DEQ)
Sent: Wednesday, September 30, 2015 12:41 PM
To: Pallone, Maggie (DEQ); 'Wurfel, Brad (DEQ) (WurfelB@michigan.gov)'
Cc: Tommasulo, Karen (DEQ)
Subject: school info

I will try to review info related to schools for this afternoon.

http://water.epa.gov/drink/info/lead/testing.cfm

Stephen Busch, P.E.
MDEQ Lansing District Coordinator
Office of Drinking Water and Municipal Assistance
Lansing and Jackson District Supervisor
517-643-2314
buschs@michigan.gov

Wurfel, Brad (DEQ)

From: Busch, Stephen (DEQ)
Sent: Wednesday, September 30, 2015 10:06 AM
To: Wurfel, Brad (DEQ); Pallone, Maggie (DEQ)
Subject: Discussions with DHHS
Attachments: Lead Sampling Issues; RE: Lead Sampling Issues

FYI. See attached information on recent discussions with DHHS. Very good background information to be aware of.

Stephen Busch, P.E.
MDEQ Lansing District Coordinator
Office of Drinking Water and Municipal Assistance
Lansing and Jackson District Supervisor
517-643-2314
buschs@michigan.gov

Wurfel, Brad (DEQ)

From: Busch, Stephen (DEQ)
Sent: Tuesday, September 29, 2015 9:40 AM
To: Pallone, Maggie (DEQ); Wurfel, Brad (DEQ)
Cc: Feuerstein, Heather (DEQ); Tommasulo, Karen (DEQ)
Subject: Background Timeline
Attachments: City of Flint Background-Draft.docx

Attached is the timeline I put together previously. I didn't have anything to add so if you have questions about the timeline let me know.

Stephen Busch, P.E.
MDEQ Lansing District Coordinator
Office of Drinking Water and Municipal Assistance
Lansing and Jackson District Supervisor
517-643-2314
buschs@michigan.gov

Wurfel, Brad (DEQ)

From: Busch, Stephen (DEQ)
Sent: Friday, September 25, 2015 8:27 AM
To: Yanna Lambrinidou
Cc: Benzie, Richard (DEQ); Cook, Pat (DEQ); Prysby, Mike (DEQ); Wurfel, Brad (DEQ); hyde.tinka@epa.gov
Subject: RE: question about optimal WQP ranges for Flint's water
Attachments: DWSD Water Quailty Parameters.pdf

Dr. Lambrinidou,

I'm sorry for the delay in my response. As some of your questions relate more to statewide program implementation I have requested assistance with the response from staff within our central program office. However, these staff were attending and participating in an offsite (American Water Works Association Conference Michigan Section) conference last week.

Michigan has implemented an EPA approved modified consecutive system approach to lead and copper monitoring where a wholesale water supply sells water to other community water systems. In addition, while water quality parameter (WQP) monitoring occurs at both the water treatment plant and in the combined distribution system, a WQP range is only required to be established at the water treatment plant tap after the system has demonstrated optimized corrosion control treatment (OCCT).

Thus when the City of Flint was a customer of the Detroit Water and Sewerage Department (DWSD), the City of Flint participated in WQP monitoring of its distribution system, but ranges were established only for the OCCT at DWSD treatment plants. The attached letter from our Department established the minimum levels for pH and phosphate dosage in 2000.

As the City of Flint water treatment plant has not yet installed such treatment or been given the designation of OCCT these plant tap values have not been established.

However, the City of Flint WTP has continued to maintain the minimum pH value requirement previously established for DWSD

As noted in your Working Group Report to the NDWAC, "Corrosion Control Treatment (CCT) involves the addition of chemicals (e.g. orthophosphates or silicate) to create a barrier between the pipes and the drinking water, or to modify drinking water chemistry (such as pH and hardness) to inhibit the potential for corrosion."

Should you consider the Flint WTP softening process to be OCCT, then the City already continues to comply with the OCCT requirements as the City of Flint has never had 10% or more of compliance tap samples exceed the 15 ppb action level. Even prior to DWSD's established OCCT the City of Flint lead compliance monitoring has never exceeded the 15 ppb action level.

If you have additional questions we would appreciate having them routed through the NDWAC and your Working Group. Thanks.

Stephen Busch, P.E.
MDEQ Lansing District Coordinator
Office of Drinking Water and Municipal Assistance
Lansing and Jackson District Supervisor

517-643-2314
buschs@michigan.gov

From: Yanna Lambrinidou [mailto:pnalternatives@yahoo.com]
Sent: Wednesday, September 16, 2015 7:22 PM
To: Busch, Stephen (DEQ); Wurfel, Brad (DEQ)
Subject: Re: question about optimal WQP ranges for Flint's water

Dear Mr. Busch,

Thank you for your quick response. I appreciate the information at, I am sure, a very busy time for you and MDEQ.

Could you please help me understand the following?

When you say that all previous optimal water quality parameter ranges would have been established for the Detroit water utility (not for the City of Flint), do you mean that MDEQ never set optimal water quality parameter ranges *specifically* for Flint before Flint's switch to Flint River water?

It is my impression, please correct me if I'm wrong, that under the LCR, all large systems -- whether they are consecutive or not -- must have optimal water quality parameter ranges designated by states *specifically for them* (at the time when these systems are deemed to have optimized their treatment). Is there language in the LCR I am missing that allows a utility not to have optimal quality parameter ranges established specifically for it?

My second question is this: If the City of Flint had no optimal water quality parameter ranges established specifically for it in the past, how did it achieve LCR compliance? Isn't it the case that utility-specific optimal water quality parameter ranges (and maintenance of these ranges) are required for all large systems to avoid an LCR violation?

I would appreciate your assistance on this matter, as it will shed light on an issue that seems to be very important for EPA's assessment of and upcoming revisions to the LCR.

Kindly,

Yanna Lambrinidou

Yanna Lambrinidou PhD
Parents for Nontoxic Alternatives
PO Box 6283
Washington DC 20015
P 202.997.1834
B www.dcwasawatch.blogspot.com

From: "Busch, Stephen (DEQ)" <BUSCHS@michigan.gov>
To: Yanna Lambrinidou <pnalternatives@yahoo.com>; "Wurfel, Brad (DEQ)" <WurfelB@michigan.gov>
Sent: Monday, September 14, 2015 11:05 AM
Subject: RE: question about optimal WQP ranges for Flint's water

Dr. Lambrinidou,

All previous water quality parameter ranges would have been established for the City of Flint's wholesale finished water supplier, the Detroit Water and Sewerage Department, not the City of Flint itself.

As the City of Flint has not yet established optimized corrosion control treatment, the MDEQ is not yet at the point of regulatory requirements where the range of water quality parameters would be set.

Stephen Busch, P.E.
MDEQ Lansing District Coordinator

Office of Drinking Water and Municipal Assistance
Lansing and Jackson District Supervisor
517-643-2314
buschs@michigan.gov

From: Yanna Lambrinidou [mailto:pnalternatives@yahoo.com]
Sent: Thursday, September 10, 2015 11:11 AM
To: Wurfel, Brad (DEQ); Busch, Stephen (DEQ)
Subject: question about optimal WQP ranges for Flint's water

Good morning Mr. Wurfel and Mr. Busch,

As a member of the EPA National Drinking Water Advisory Council (NDWAC) Lead and Copper Rule (LCR) workgroup that just completed its recommendations to EPA about the agency's upcoming revisions to the LCR, I am watching with great interest and concern the developments in Flint in relation to lead. I am looking for information on the optimal water quality parameter (WQP) ranges that MDEQ has set for Flint's water. Are those posted online? If so, could you send me the link? If not, could you let me know what they are?

Thank you kindly,

Yanna Lambrinidou PhD
Parents for Nontoxic Alternatives
PO Box 6283
Washington DC 20015
P 202.997.1834
B www.dcwasawatch.blogspot.com

Wurfel, Brad (DEQ)

From: Busch, Stephen (DEQ)
Sent: Monday, September 14, 2015 11:05 AM
To: Yanna Lambrinidou; Wurfel, Brad (DEQ)
Subject: RE: question about optimal WQP ranges for Flint's water

Dr. Lambrinidou,

All previous water quality parameter ranges would have been established for the City of Flint's wholesale finished water supplier, the Detroit Water and Sewerage Department, not the City of Flint itself.

As the City of Flint has not yet established optimized corrosion control treatment, the MDEQ is not yet at the point of regulatory requirements where the range of water quality parameters would be set.

Stephen Busch, P.E.
MDEQ Lansing District Coordinator
Office of Drinking Water and Municipal Assistance
Lansing and Jackson District Supervisor
517-643-2314
buschs@michigan.gov

From: Yanna Lambrinidou [mailto:pnalternatives@yahoo.com]
Sent: Thursday, September 10, 2015 11:11 AM
To: Wurfel, Brad (DEQ); Busch, Stephen (DEQ)
Subject: question about optimal WQP ranges for Flint's water

Good morning Mr. Wurfel and Mr. Busch,

As a member of the EPA National Drinking Water Advisory Council (NDWAC) Lead and Copper Rule (LCR) workgroup that just completed its recommendations to EPA about the agency's upcoming revisions to the LCR, I am watching with great interest and concern the developments in Flint in relation to lead. I am looking for information on the optimal water quality parameter (WQP) ranges that MDEQ has set for Flint's water. Are those posted online? If so, could you send me the link? If not, could you let me know what they are?

Thank you kindly,

Yanna Lambrinidou PhD
Parents for Nontoxic Alternatives
PO Box 6283
Washington DC 20015
P 202.997.1834
B www.dcwasawatch.blogspot.com

Wurfel, Brad (DEQ)

From: Busch, Stephen (DEQ)
Sent: Friday, September 11, 2015 1:45 PM
To: Wurfel, Brad (DEQ); Shekter Smith, Liane (DEQ); Benzie, Richard (DEQ)
Subject: RE: mayor walling's comment
Attachments: City of Flint PbCu15 8_17_15.pdf

The City has not sent us their recommendation at this time. Per our 8/17 letter (attached), we recommended they select phosphate treatment which was previously provided by DWSD. They have until the end of the year to make a recommendation, but they are planning to have the treatment in place by January 2016. Their engineering consultant is working on this. Howard Croft noted this in his September 3 email to members of the technical advisory team the City formed.

Stephen Busch, P.E.
MDEQ Lansing District Coordinator
Office of Drinking Water and Municipal Assistance
Lansing and Jackson District Supervisor
517-643-2314
buschs@michigan.gov

From: Wurfel, Brad (DEQ)
Sent: Friday, September 11, 2015 1:18 PM
To: Shekter Smith, Liane (DEQ); Busch, Stephen (DEQ); Benzie, Richard (DEQ)
Subject: FW: mayor walling's comment

Help?

From: Ronald Fonger [mailto:RFONGER1@mlive.com]
Sent: Friday, September 11, 2015 1:03 PM
To: Wurfel, Brad (DEQ)
Subject: mayor walling's comment

Brad:
On his campaign Web site, Mayor Walling addresses a lot of water issues and states, "The City will be continuing to optimize its water treatment process including planning to use a corrosion inhibitor now that it is being allowed by the MDEQ."
Do you have any information on what the corrosion inhibitor is and whether DEQ has approved its use?
Thanks,

Ron Fonger
MLive Media Group
Reporter

mobile 810.347.9963
email rfonger1@mlive.com
address 540 S. Saginaw St. #101, Flint MI 48502

Wurfel, Brad (DEQ)

From: Busch, Stephen (DEQ)
Sent: Thursday, July 09, 2015 5:21 PM
To: Wurfel, Brad (DEQ); Benzie, Richard (DEQ); Shekter Smith, Liane (DEQ)
Cc: Pallone, Maggie (DEQ); Wyant, Dan (DEQ)
Subject: RE: here's the interim report

Obviously we are not going to comment on an interim draft report.

To address your question from Lindsey, the following text comes from an official memorandum of Benjamin H. Grumbles, Acting Assisant Administrator of EPA at the time, November 23, 2004, to all EPA Regional Administrators Subject: Lead and Copper Rule (LCR) – Clarification of Requirements for Collecting Samples and Calculating Compliance, which in part states:

"The LCR also defines a proper sample as a first draw sample, 1 liter in volume, that is taken after water has been standing in plumbing for at least six hours, and from an interior tap typically used for consumption – cold water kitchen or bathroom sink tap in residences. [40 CFR 141.86(b)(2)] There is no outer limit on standing time."

While it indicates there is no outer limit on standing time, the only requirement is that it be at least those six hours. This was also incorporated into the 2007 LCR minor revisions.
See link below (note the final question at the bottom of the page on long term revisions the response for which includes "broader revisions to monitoring")
http://water.epa.gov/lawsregs/rulesregs/sdwa/lcr/fs_lcr_2007_final.cfm

Stephen Busch, P.E.
Lansing and Jackson District Supervisor
Office of Drinking Water and Municipal Assistance
MDEQ
517-643-2314

From: Wurfel, Brad (DEQ)
Sent: Thursday, July 09, 2015 4:54 PM
To: Busch, Stephen (DEQ); Benzie, Richard (DEQ); Shekter Smith, Liane (DEQ)
Cc: Pallone, Maggie (DEQ); Wyant, Dan (DEQ)
Subject: FW: here's the interim report

Steve,
The ACLU has saved us the trouble of waiting on EPA for the report … it's online at the link below. Lindsey Smith at Mi Public Radio picked up the story from Josh. Her inquiry has to do with EPA's Miguel making an assertion that we (DEQ) encourage people to flush their pipes before taking a water sample … which is the opposite of what you described to me as the protocol. Miguel apparently asserts that the DEQ and EPA are at odds on proper protocol. Which seems weird.

Let's discuss. Thanks!
b

From: Lindsey Smith [mailto:lmsmi@umich.edu]
Sent: Thursday, July 09, 2015 4:48 PM
To: Wurfel, Brad (DEQ)
Subject: here's the interim report

http://www.aclumich.org/sites/default/files/file/EPAWaterReport062415.pdf

--
Lindsey Smith
West Michigan Reporter
Michigan Radio
Office (616) 551-0717
michiganradio.org

Wurfel, Brad (DEQ)

From: Busch, Stephen (DEQ)
Sent: Thursday, May 28, 2015 12:15 PM
To: Howes, Sarah (DEQ)
Cc: Benzie, Richard (DEQ); Devereaux, Tracy Jo (DEQ); Shaler, Karen (DEQ); Potter, Jodi (DEQ); Shekter Smith, Liane (DEQ); Prysby, Mike (DEQ); Wurfel, Brad (DEQ); Wyant, Dan (DEQ); Thelen, Mary Beth (DEQ); Sygo, Jim (DEQ); Shaler, Karen (DEQ); Potter, Jodi (DEQ); Pallone, Maggie (DEQ)
Subject: RE: Communications between City of Flint and DEQ
Attachments: Flint-2015-02-13-AnnualMonSched.pdf; Flint-2015-03-05-TTHM-VN-15-1.pdf; Flint-2015-03-30-PbCu90.pdf; Flint-2015-04-03-LT2ESWTR.pdf; Flint-2015-04-03-Permit151018.pdf; Flint-2015-05-06-CCR-reminder.pdf; Flint-2015-05-11-CCCP.pdf; S2 Grant Project No 9204.01 City of Flint.pdf; RE: Premise plumning; Water Quality Optimization Strategy; call; Flint MORs; Flint River Source Water Assessment; FW: PEAS call; FW: Schematics for LT2 sampling plans; FW: Water Supply Sources; Premise plumning; RE: City of Flint - March Bromate Results; RE: City of Flint March 2015 MOR; RE: City Water Tech Team; RE: HC Letter & FAQ's; RE: May_Technical Advisory Meeting; RE: PEAS call; RE: RE: Flint Water Age map; RE: TTHM Draft Letter; RE: Water Supply Sources; Residential customers; Watermain breaks; distribution WQPs; January '15 MOR; Lead Copper Cert form; RE: City of Flint Water Plant Monitoring Results; RE: distribution WQPs; RE: distribution WQPs; RE: January '15 MOR

Sarah,

Per the request from Representative Neely, attached are communications from the DEQ Office of Drinking Water and Municipal Assistance (ODWMA) to the City of Flint dating back to February 2015.

This includes:
1 construction permit
7 letters
7 emails from Adam, Rosenthal, Environmental Quality Analyst
18 emails from Mike Prysby, District Engineer
2 emails from Steve Busch, District Supervisor

Please let us know if we can provide any further assistance in addressing Representative Neely's request or if they have any questions or issues we could help answer.

Stephen Busch, P.E.
Lansing and Jackson District Supervisor
Office of Drinking Water and Municipal Assistance
MDEQ
517-643-2314

From: Shekter Smith, Liane (DEQ)
Sent: Tuesday, May 26, 2015 1:59 PM
To: Busch, Stephen (DEQ); Prysby, Mike (DEQ)
Cc: Benzie, Richard (DEQ); Devereaux, Tracy Jo (DEQ); Howes, Sarah (DEQ); Shaler, Karen (DEQ); Potter, Jodi (DEQ)
Subject: FW: Communications between City of Flint and DEQ
Importance: High

Note the deadline of COB Thursday to Sarah.

From: Pallone, Maggie (DEQ)
Sent: Tuesday, May 26, 2015 1:21 PM
To: Shekter Smith, Liane (DEQ)
Cc: Wurfel, Brad (DEQ); Wyant, Dan (DEQ); Howes, Sarah (DEQ); Thelen, Mary Beth (DEQ); Sygo, Jim (DEQ); Shaler, Karen (DEQ); DEQ-Legislative-Contact; Potter, Jodi (DEQ)
Subject: Communications between City of Flint and DEQ

Liane,
Rep Neely has requested any communications that DEQ has had with City of Flint between February 2015 and today. Could you please pull that information together and get it to Sarah by COB on Thursday? She will then forward it the Representative's office.

Please let me know if you need any additional details.

Thanks,
Maggie

Maggie Pallone
Director of Legislative Affairs
Department of Environmental Quality
517-599-6190 (cell)
PalloneM@michigan.gov

Michigan Department of Environmental Quality

Replicate Laboratory Report for
Lansing Drinking Water Laboratory

Owner/Location Information:

CITY OF FLINT
4500 N DORT HWY
FLINT MI 48505

Sample Number: LLF44687

Sample/Collection Information:

WSSN:	02310	Site Code:	
County:	Genesee	Water Source:	Public Community Water Supply
Township:		Sample Reason:	Routine Monitoring
Section:		Sample Point:	Treated Public Distribution System
Well #:		Point Description:	PLANT TAP
Collection Date:	10/28/2014 8:04:00 AM	Collector:	Public Water Supply Operator
Arrival Date:	10/29/2014 11:15:14 AM	Collected By:	MIKE GLASGOW

CasNo	Analyte	Result	Detect	Units	Method
16984-48-8	FLUORIDE (AUTOMATED)	0.62	0.1	mg/L	SM 4500 FC
7439-89-6	IRON	ND	0.1	mg/L	SM 3500 FeB
HARD-00-C	HARDNESS AS CaCO3	143	20	mg/L	SM 2340 C
7440-23-5	SODIUM	18	5	mg/L	SM 3500 NaB
7440-38-2	ARSENIC (TOTAL)	ND	0.002	mg/L	EPA 200.8
7440-39-3	BARIUM	0.02	0.01	mg/L	EPA 200.8
7440-41-7	BERYLLIUM	ND	0.0004	mg/L	EPA 200.8
57-12-5	CYANIDE	ND	0.02	mg/L	OIA-1677
7440-43-9	CADMIUM (TOTAL)	ND	0.0003	mg/L	EPA 200.8
7647-14-5	CHLORIDE (AUTOMATED)	60	4	mg/L	SM 4500-Cl E
7440-47-3	CHROMIUM (TOTAL)	ND	0.01	mg/L	EPA 200.8

93-76-5	2,4,5-T	ND	0.002	mg/L	EPA 515.4
93-72-1	2,4,5-TP (SILVEX)	ND	0.0003	mg/L	EPA 515.4
94-75-7	2,4-D	ND	0.002	mg/L	EPA 515.4
50594-66-6	ACIFLUORFEN	ND	0.004	mg/L	EPA 515.4
25057-89-0	BENTAZON	ND	0.002	mg/L	EPA 515.4
1918-00-9	DICAMBA	ND	0.002	mg/L	EPA 515.4
88-85-7	DINOSEB	ND	0.0003	mg/L	EPA 515.4
87-86-5	PENTACHLOROPHENOL	ND	0.00006	mg/L	EPA 515.4
1918-02-1	PICLORAM	ND	0.001	mg/L	EPA 515.4
1861-32-1	TOTAL DCPA, MONO & DI-ACID DEGRADATES	ND	0.001	mg/L	EPA 515.4
116-06-3	ALDICARB	ND	0.0005	mg/L	EPA 531.2
1646-88-4	ALDICARB SULFONE	ND	0.0005	mg/L	EPA 531.2
1646-87-3	ALDICARB SULFOXIDE	ND	0.0005	mg/L	EPA 531.2
63-25-2	CARBARYL	ND	0.001	mg/L	EPA 531.2
1563-66-2	CARBOFURAN	ND	0.0005	mg/L	EPA 531.2
16655-82-6	HYDROXYCARBOFURAN,3-	ND	0.001	mg/L	EPA 531.2
2032-65-7	METHIOCARB	ND	0.001	mg/L	EPA 531.2
16752-77-5	METHOMYL	ND	0.001	mg/L	EPA 531.2
23135-22-0	OXAMYL	ND	0.001	mg/L	EPA 531.2
114-26-1	PROPOXUR (BAYGON)	ND	0.001	mg/L	EPA 531.2
34256-82-1	ACETOCHLOR	ND	0.001	mg/L	EPA 525.2
15972-60-8	ALACHLOR	ND	0.0002	mg/L	EPA 525.2
309-00-2	ALDRIN	ND	0.0004	mg/L	EPA 525.2
1912-24-9	ATRAZINE	ND	0.0002	mg/L	EPA 525.2
5103-71-9	CHLORDANE, ALPHA-	ND	0.0002	mg/L	EPA 525.2
5103-74-2	CHLORDANE, GAMMA-	ND	0.0002	mg/L	EPA 525.2
72-54-8	DDD,4,4'-	ND	0.001	mg/L	EPA 525.2
72-55-9	DDE,4,4'-	ND	0.001	mg/L	EPA 525.2

50-29-3	DDT,4,4'-	ND	0.0005	mg/L	EPA 525.2
60-57-1	DIELDRIN	ND	0.0005	mg/L	EPA 525.2
72-20-8	ENDRIN	ND	0.0001	mg/L	EPA 525.2
7421-93-4	ENDRIN ALDEHYDE	ND	0.001	mg/L	EPA 525.2
76-44-8	HEPTACHLOR	ND	0.0002	mg/L	EPA 525.2
1024-57-3	HEPTACHLOR EPOXIDE	ND	0.0001	mg/L	EPA 525.2
118-74-1	HEXACHLOROBENZENE	ND	0.0001	mg/L	EPA 525.2
319-84-6	HEXACHLOROCYCLOHEXANE (ALPHA-BHC)	ND	0.001	mg/L	EPA 525.2
319-85-7	HEXACHLOROCYCLOHEXANE (BETA-BHC)	ND	0.001	mg/L	EPA 525.2
319-86-8	HEXACHLOROCYCLOHEXANE (DELTA-BHC)	ND	0.001	mg/L	EPA 525.2
77-47-4	HEXACHLOROCYCLOPENTADIENE	ND	0.0005	mg/L	EPA 525.2
58-89-9	LINDANE (GAMMA-BHC)	ND	0.0001	mg/L	EPA 525.2
72-43-5	METHOXYCHLOR	ND	0.0001	mg/L	EPA 525.2
51218-45-2	METOLACHLOR	ND	0.001	mg/L	EPA 525.2
21087-64-9	METRIBUZIN	ND	0.001	mg/L	EPA 525.2
2212-67-1	MOLINATE	ND	0.0005	mg/L	EPA 525.2
12674-11-2	PCB (AROCLOR 1016)	ND	0.0001	mg/L	EPA 525.2
11104-28-2	PCB (AROCLOR 1221)	ND	0.0001	mg/L	EPA 525.2
11141-16-5	PCB (AROCLOR 1232)	ND	0.0001	mg/L	EPA 525.2
53469-21-9	PCB (AROCLOR 1242)	ND	0.0001	mg/L	EPA 525.2
12672-29-6	PCB (AROCLOR 1248)	ND	0.0001	mg/L	EPA 525.2
11097-69-1	PCB (AROCLOR 1254)	ND	0.0001	mg/L	EPA 525.2
11096-82-5	PCB (AROCLOR 1260)	ND	0.0001	mg/L	EPA 525.2
59536-65-1	POLYBROMINATED BIPHENYLS	ND	0.0001	mg/L	EPA 525.2
122-34-9	SIMAZINE	ND	0.0002	mg/L	EPA 525.2
8001-35-2	TOXAPHENE	ND	0.001	mg/L	EPA 525.2
71-43-2	BENZENE	ND	0.0005	mg/L	EPA 524.2
108-86-1	BROMOBENZENE	ND	0.0005	mg/L	EPA 524.2

74-97-5	BROMOCHLOROMETHANE	ND	0.0005	mg/L	EPA 524.2
75-25-2	BROMOFORM	0.0014	0.0005	mg/L	EPA 524.2
74-83-9	BROMOMETHANE	ND	0.001	mg/L	EPA 524.2
104-51-8	BUTYLBENZENE,NORMAL-	ND	0.0005	mg/L	EPA 524.2
135-98-8	BUTYLBENZENE,SEC-	ND	0.0005	mg/L	EPA 524.2
98-06-6	BUTYLBENZENE,TERT-	ND	0.0005	mg/L	EPA 524.2
56-23-5	CARBON TETRACHLORIDE	ND	0.0005	mg/L	EPA 524.2
108-90-7	CHLOROBENZENE	ND	0.0005	mg/L	EPA 524.2
124-48-1	CHLORODIBROMOMETHANE	0.0080	0.0005	mg/L	EPA 524.2
75-00-3	CHLOROETHANE	ND	0.0005	mg/L	EPA 524.2
67-66-3	CHLOROFORM	0.012	0.0005	mg/L	EPA 524.2
74-87-3	CHLOROMETHANE	ND	0.0005	mg/L	EPA 524.2
95-49-8	CHLOROTOLUENE,2-	ND	0.0005	mg/L	EPA 524.2
106-43-4	CHLOROTOLUENE,4-	ND	0.0005	mg/L	EPA 524.2
74-95-3	DIBROMOMETHANE	ND	0.0005	mg/L	EPA 524.2
95-50-1	DICHLOROBENZENE,1,2-	ND	0.0005	mg/L	EPA 524.2
541-73-1	DICHLOROBENZENE,1,3-	ND	0.0005	mg/L	EPA 524.2
106-46-7	DICHLOROBENZENE,1,4-	ND	0.0005	mg/L	EPA 524.2
75-27-4	DICHLOROBROMOMETHANE	0.012	0.0005	mg/L	EPA 524.2
75-71-8	DICHLORODIFLUOROMETHANE	ND	0.001	mg/L	EPA 524.2
75-34-3	DICHLOROETHANE,1,1-	ND	0.0005	mg/L	EPA 524.2
107-06-2	DICHLOROETHANE,1,2-	ND	0.0005	mg/L	EPA 524.2
75-35-4	DICHLOROETHYLENE,1,1-	ND	0.0005	mg/L	EPA 524.2
156-59-2	DICHLOROETHYLENE,1,2-CIS	ND	0.0005	mg/L	EPA 524.2
156-60-5	DICHLOROETHYLENE,1,2-TRANS	ND	0.0005	mg/L	EPA 524.2
78-87-5	DICHLOROPROPANE,1,2-	ND	0.0005	mg/L	EPA 524.2
142-28-9	DICHLOROPROPANE,1,3-	ND	0.0005	mg/L	EPA 524.2
594-20-7	DICHLOROPROPANE,2,2-	ND	0.0005	mg/L	EPA 524.2
563-58-6	DICHLOROPROPENE,1,1-	ND	0.0005	mg/L	EPA 524.2
10061-01-5	DICHLOROPROPENE,1,3-CIS	ND	0.0005	mg/L	EPA 524.2
10061-02-6	DICHLOROPROPENE,1,3-TRANS	ND	0.0005	mg/L	EPA 524.2
100-41-4	ETHYLBENZENE	ND	0.0005	mg/L	EPA 524.2
75-69-4	FLUOROTRICHLOROMETHANE	ND	0.001	mg/L	EPA 524.2
87-68-3	HEXACHLOROBUTADIENE	ND	0.0005	mg/L	EPA 524.2
98-82-8	ISOPROPYL BENZENE	ND	0.0005	mg/L	EPA 524.2
99-87-6	ISOPROPYL TOLUENE, PARA-	ND	0.0005	mg/L	EPA 524.2
78-93-3	METHYL ETHYL KETONE	ND	0.005	mg/L	EPA 524.2
108-10-1	METHYL ISOBUTYL KETONE	ND	0.005	mg/L	EPA 524.2
1634-04-4	METHYL TERT-BUTYL ETHER	ND	0.001	mg/L	EPA 524.2

75-09-2	METHYLENE CHLORIDE	ND	0.0006	mg/L	EPA 524.2
91-20-3	NAPHTHALENE	ND	0.0005	mg/L	EPA 524.2
98-95-3	NITROBENZENE	ND	0.01	mg/L	EPA 524.2
103-65-1	PROPYLBENZENE, NORMAL-	ND	0.0005	mg/L	EPA 524.2
100-42-5	STYRENE	ND	0.0005	mg/L	EPA 524.2
630-20-6	TETRACHLOROETHANE,1,1,1,2-	ND	0.0005	mg/L	EPA 524.2
79-34-5	TETRACHLOROETHANE,1,1,2,2-	ND	0.0005	mg/L	EPA 524.2
127-18-4	TETRACHLOROETHYLENE	ND	0.0005	mg/L	EPA 524.2
109-99-9	TETRAHYDROFURAN	ND	0.005	mg/L	EPA 524.2
108-88-3	TOLUENE	ND	0.0005	mg/L	EPA 524.2
TTHM-00-C	TOTAL TRIHALOMETHANES	0.033	NA	mg/L	EPA 524.2
87-61-6	TRICHLOROBENZENE,1,2,3-	ND	0.0005	mg/L	EPA 524.2
120-82-1	TRICHLOROBENZENE,1,2,4-	ND	0.0005	mg/L	EPA 524.2
71-55-6	TRICHLOROETHANE,1,1,1-	ND	0.0005	mg/L	EPA 524.2
79-00-5	TRICHLOROETHANE,1,1,2-	ND	0.0005	mg/L	EPA 524.2
79-01-6	TRICHLOROETHYLENE	ND	0.0005	mg/L	EPA 524.2
96-18-4	TRICHLOROPROPANE,1,2,3-	ND	0.0005	mg/L	EPA 524.2
95-63-6	TRIMETHYLBENZENE,1,2,4-	ND	0.0005	mg/L	EPA 524.2
108-67-8	TRIMETHYLBENZENE,1,3,5-	ND	0.0005	mg/L	EPA 524.2
75-01-4	VINYL CHLORIDE	ND	0.0004	mg/L	EPA 524.2
XYLMP-00-C	XYLENE,META-&PARA-	0.0005	0.0005	mg/L	EPA 524.2
95-47-6	XYLENE,ORTHO-	ND	0.0005	mg/L	EPA 524.2
1330-20-7	XYLENES (TOTAL)	0.0005	NA	mg/L	EPA 524.2
7439-97-6	MERCURY	ND	0.0001	mg/L	EPA 200.8
7440-02-0	NICKEL	ND	0.01	mg/L	EPA 200.8
14797-65-0	NITRITE AS N (AUTOMATED)	ND	0.05	mg/L	10-107-04-2-B
14797-55-8	NITRATE AS N (AUTOMATED)	ND	0.4	mg/L	10-107-04-2-B
7439-92-1	LEAD (TOTAL)	ND	0.001	mg/L	EPA 200.8
7440-36-0	ANTIMONY	ND	0.0006	mg/L	EPA 200.8
7782-49-2	SELENIUM (TOTAL)	ND	0.001	mg/L	EPA 200.8
14808-79-8	SULFATE (AUTOMATED)	22	10	mg/L	SM 4500 SO4E
7440-28-0	THALLIUM	ND	0.0002	mg/L	EPA 200.8

Laboratory Comments:
A trip blank was not available for analysis with this sample.

By authority of PA 368 of 1978 as amended.

Print Date: Thu Oct 1 17:16:11 EDT 2015

Michigan Department of Environmental Quality

Replicate Laboratory Report for
Lansing Drinking Water Laboratory

Owner/Location Information:

CITY OF FLINT
4500 N DORT HWY
FLINT MI 48505

Sample Number: LLF54660

Sample/Collection Information:

WSSN:	02310	Site Code:	
County:	Genesee	Water Source:	Public Community Water Supply
Township:		Sample Reason:	Routine Monitoring
Section:		Sample Point:	Treated Public Distribution System
Well #:		Point Description:	PLANT TAP
Collection Date:	2/16/2015 9:40:00 AM	Collector:	Public Water Supply Operator
Arrival Date:	2/17/2015 10:46:51 AM	Collected By:	MIKE GLASGOW

CasNo	Analyte	Result	Detect	Units	Method
16984-48-8	FLUORIDE (AUTOMATED)	0.57	0.1	mg/L	SM 4500 FC
7439-89-6	IRON	ND	0.1	mg/L	SM 3500 FeB
HARD-00-C	HARDNESS AS CaCO3	180	20	mg/L	SM 2340 C
7440-23-5	SODIUM	25	5	mg/L	SM 3500 NaB
7440-38-2	ARSENIC (TOTAL)	ND	0.002	mg/L	EPA 200.8
7440-39-3	BARIUM	ND	0.01	mg/L	EPA 200.8
7440-41-7	BERYLLIUM	ND	0.0004	mg/L	EPA 200.8
57-12-5	CYANIDE	ND	0.02	mg/L	OIA-1677
7440-43-9	CADMIUM (TOTAL)	ND	0.0003	mg/L	EPA 200.8
7647-14-5	CHLORIDE (AUTOMATED)	99	4	mg/L	SM 4500-Cl E
7440-47-3	CHROMIUM (TOTAL)	ND	0.01	mg/L	EPA 200.8

93-76-5	2,4,5-T	ND	0.002	mg/L	EPA 515.4
93-72-1	2,4,5-TP (SILVEX)	ND	0.0002	mg/L	EPA 515.4
94-75-7	2,4-D	ND	0.001	mg/L	EPA 515.4
50594-66-6	ACIFLUORFEN	ND	0.004	mg/L	EPA 515.4
25057-89-0	BENTAZON	ND	0.002	mg/L	EPA 515.4
1918-00-9	DICAMBA	ND	0.002	mg/L	EPA 515.4
88-85-7	DINOSEB	ND	0.0002	mg/L	EPA 515.4
87-86-5	PENTACHLOROPHENOL	ND	0.00004	mg/L	EPA 515.4
1918-02-1	PICLORAM	ND	0.001	mg/L	EPA 515.4
1861-32-1	TOTAL DCPA, MONO & DI-ACID DEGRADATES	ND	0.001	mg/L	EPA 515.4
116-06-3	ALDICARB	ND	0.0005	mg/L	EPA 531.2
1646-88-4	ALDICARB SULFONE	ND	0.0005	mg/L	EPA 531.2
1646-87-3	ALDICARB SULFOXIDE	ND	0.0005	mg/L	EPA 531.2
63-25-2	CARBARYL	ND	0.001	mg/L	EPA 531.2
1563-66-2	CARBOFURAN	ND	0.0005	mg/L	EPA 531.2
16655-82-6	HYDROXYCARBOFURAN,3-	ND	0.001	mg/L	EPA 531.2
2032-65-7	METHIOCARB	ND	0.001	mg/L	EPA 531.2
16752-77-5	METHOMYL	ND	0.001	mg/L	EPA 531.2
23135-22-0	OXAMYL	ND	0.001	mg/L	EPA 531.2
114-26-1	PROPOXUR (BAYGON)	ND	0.001	mg/L	EPA 531.2
34256-82-1	ACETOCHLOR	ND	0.001	mg/L	EPA 525.2
15972-60-8	ALACHLOR	ND	0.0002	mg/L	EPA 525.2
309-00-2	ALDRIN	ND	0.0004	mg/L	EPA 525.2
1912-24-9	ATRAZINE	ND	0.0002	mg/L	EPA 525.2
5103-71-9	CHLORDANE, ALPHA-	ND	0.0002	mg/L	EPA 525.2
5103-74-2	CHLORDANE, GAMMA-	ND	0.0002	mg/L	EPA 525.2
72-54-8	DDD,4,4'-	ND	0.001	mg/L	EPA 525.2
72-55-9	DDE,4,4'-	ND	0.001	mg/L	EPA 525.2

50-29-3	DDT,4,4'-	ND	0.0005	mg/L	EPA 525.2
60-57-1	DIELDRIN	ND	0.0005	mg/L	EPA 525.2
72-20-8	ENDRIN	ND	0.0001	mg/L	EPA 525.2
7421-93-4	ENDRIN ALDEHYDE	ND	0.001	mg/L	EPA 525.2
76-44-8	HEPTACHLOR	ND	0.0002	mg/L	EPA 525.2
1024-57-3	HEPTACHLOR EPOXIDE	ND	0.0001	mg/L	EPA 525.2
118-74-1	HEXACHLOROBENZENE	ND	0.0001	mg/L	EPA 525.2
319-84-6	HEXACHLOROCYCLOHEXANE (ALPHA-BHC)	ND	0.001	mg/L	EPA 525.2
319-85-7	HEXACHLOROCYCLOHEXANE (BETA-BHC)	ND	0.001	mg/L	EPA 525.2
319-86-8	HEXACHLOROCYCLOHEXANE (DELTA-BHC)	ND	0.001	mg/L	EPA 525.2
77-47-4	HEXACHLOROCYCLOPENTADIENE	ND	0.0005	mg/L	EPA 525.2
58-89-9	LINDANE (GAMMA-BHC)	ND	0.0001	mg/L	EPA 525.2
72-43-5	METHOXYCHLOR	ND	0.0001	mg/L	EPA 525.2
51218-45-2	METOLACHLOR	ND	0.001	mg/L	EPA 525.2
21087-64-9	METRIBUZIN	ND	0.001	mg/L	EPA 525.2
2212-67-1	MOLINATE	ND	0.0005	mg/L	EPA 525.2
12674-11-2	PCB (AROCLOR 1016)	ND	0.0001	mg/L	EPA 525.2
11104-28-2	PCB (AROCLOR 1221)	ND	0.0001	mg/L	EPA 525.2
11141-16-5	PCB (AROCLOR 1232)	ND	0.0001	mg/L	EPA 525.2
53469-21-9	PCB (AROCLOR 1242)	ND	0.0001	mg/L	EPA 525.2
12672-29-6	PCB (AROCLOR 1248)	ND	0.0001	mg/L	EPA 525.2
11097-69-1	PCB (AROCLOR 1254)	ND	0.0001	mg/L	EPA 525.2
11096-82-5	PCB (AROCLOR 1260)	ND	0.0001	mg/L	EPA 525.2
59536-65-1	POLYBROMINATED BIPHENYLS	ND	0.0001	mg/L	EPA 525.2
122-34-9	SIMAZINE	ND	0.0002	mg/L	EPA 525.2
8001-35-2	TOXAPHENE	ND	0.001	mg/L	EPA 525.2
71-43-2	BENZENE	ND	0.0005	mg/L	EPA 524.2
108-86-1	BROMOBENZENE	ND	0.0005	mg/L	EPA 524.2

74-97-5	BROMOCHLOROMETHANE	ND	0.0005	mg/L	EPA 524.2
75-25-2	BROMOFORM	0.0007	0.0005	mg/L	EPA 524.2
74-83-9	BROMOMETHANE	ND	0.001	mg/L	EPA 524.2
104-51-8	BUTYLBENZENE,NORMAL-	ND	0.0005	mg/L	EPA 524.2
135-98-8	BUTYLBENZENE,SEC-	ND	0.0005	mg/L	EPA 524.2
98-06-6	BUTYLBENZENE,TERT-	ND	0.0005	mg/L	EPA 524.2
56-23-5	CARBON TETRACHLORIDE	ND	0.0005	mg/L	EPA 524.2
108-90-7	CHLOROBENZENE	ND	0.0005	mg/L	EPA 524.2
124-48-1	CHLORODIBROMOMETHANE	0.0025	0.0005	mg/L	EPA 524.2
75-00-3	CHLOROETHANE	ND	0.0005	mg/L	EPA 524.2
67-66-3	CHLOROFORM	0.0018	0.0005	mg/L	EPA 524.2
74-87-3	CHLOROMETHANE	ND	0.0005	mg/L	EPA 524.2
95-49-8	CHLOROTOLUENE,2-	ND	0.0005	mg/L	EPA 524.2
106-43-4	CHLOROTOLUENE,4-	ND	0.0005	mg/L	EPA 524.2
74-95-3	DIBROMOMETHANE	ND	0.0005	mg/L	EPA 524.2
95-50-1	DICHLOROBENZENE,1,2-	ND	0.0005	mg/L	EPA 524.2
541-73-1	DICHLOROBENZENE,1,3-	ND	0.0005	mg/L	EPA 524.2
106-46-7	DICHLOROBENZENE,1,4-	ND	0.0005	mg/L	EPA 524.2
75-27-4	DICHLOROBROMOMETHANE	0.0030	0.0005	mg/L	EPA 524.2
75-71-8	DICHLORODIFLUOROMETHANE	ND	0.001	mg/L	EPA 524.2
75-34-3	DICHLOROETHANE,1,1-	ND	0.0005	mg/L	EPA 524.2
107-06-2	DICHLOROETHANE,1,2-	ND	0.0005	mg/L	EPA 524.2
75-35-4	DICHLOROETHYLENE,1,1-	ND	0.0005	mg/L	EPA 524.2
156-59-2	DICHLOROETHYLENE,1,2-CIS	ND	0.0005	mg/L	EPA 524.2
156-60-5	DICHLOROETHYLENE,1,2-TRANS	ND	0.0005	mg/L	EPA 524.2
78-87-5	DICHLOROPROPANE,1,2-	ND	0.0005	mg/L	EPA 524.2
142-28-9	DICHLOROPROPANE,1,3-	ND	0.0005	mg/L	EPA 524.2
594-20-7	DICHLOROPROPANE,2,2-	ND	0.0005	mg/L	EPA 524.2
563-58-6	DICHLOROPROPENE,1,1-	ND	0.0005	mg/L	EPA 524.2
10061-01-5	DICHLOROPROPENE,1,3-CIS	ND	0.0005	mg/L	EPA 524.2
10061-02-6	DICHLOROPROPENE,1,3-TRANS	ND	0.0005	mg/L	EPA 524.2
100-41-4	ETHYLBENZENE	ND	0.0005	mg/L	EPA 524.2
75-69-4	FLUOROTRICHLOROMETHANE	ND	0.001	mg/L	EPA 524.2
87-68-3	HEXACHLOROBUTADIENE	ND	0.0005	mg/L	EPA 524.2
98-82-8	ISOPROPYL BENZENE	ND	0.0005	mg/L	EPA 524.2
99-87-6	ISOPROPYL TOLUENE, PARA-	ND	0.0005	mg/L	EPA 524.2
78-93-3	METHYL ETHYL KETONE	ND	0.005	mg/L	EPA 524.2
108-10-1	METHYL ISOBUTYL KETONE	ND	0.005	mg/L	EPA 524.2
1634-04-4	METHYL TERT-BUTYL ETHER	ND	0.001	mg/L	EPA 524.2

75-09-2	METHYLENE CHLORIDE	ND	0.0006	mg/L	EPA 524.2
91-20-3	NAPHTHALENE	ND	0.0005	mg/L	EPA 524.2
103-65-1	PROPYLBENZENE, NORMAL-	ND	0.0005	mg/L	EPA 524.2
100-42-5	STYRENE	ND	0.0005	mg/L	EPA 524.2
630-20-6	TETRACHLOROETHANE,1,1,1,2-	ND	0.0005	mg/L	EPA 524.2
79-34-5	TETRACHLOROETHANE,1,1,2,2-	ND	0.0005	mg/L	EPA 524.2
127-18-4	TETRACHLOROETHYLENE	ND	0.0005	mg/L	EPA 524.2
109-99-9	TETRAHYDROFURAN	ND	0.005	mg/L	EPA 524.2
108-88-3	TOLUENE	ND	0.0005	mg/L	EPA 524.2
TTHM-00-C	TOTAL TRIHALOMETHANES	0.008	NA	mg/L	EPA 524.2
87-61-6	TRICHLOROBENZENE,1,2,3-	ND	0.0005	mg/L	EPA 524.2
120-82-1	TRICHLOROBENZENE,1,2,4-	ND	0.0005	mg/L	EPA 524.2
71-55-6	TRICHLOROETHANE,1,1,1-	ND	0.0005	mg/L	EPA 524.2
79-00-5	TRICHLOROETHANE,1,1,2-	ND	0.0005	mg/L	EPA 524.2
79-01-6	TRICHLOROETHYLENE	ND	0.0005	mg/L	EPA 524.2
96-18-4	TRICHLOROPROPANE,1,2,3-	ND	0.0005	mg/L	EPA 524.2
95-63-6	TRIMETHYLBENZENE,1,2,4-	ND	0.0005	mg/L	EPA 524.2
108-67-8	TRIMETHYLBENZENE,1,3,5-	ND	0.0005	mg/L	EPA 524.2
75-01-4	VINYL CHLORIDE	ND	0.0005	mg/L	EPA 524.2
XYLMP-00-C	XYLENE,META-&PARA-	ND	0.0005	mg/L	EPA 524.2
95-47-6	XYLENE,ORTHO-	ND	0.0005	mg/L	EPA 524.2
1330-20-7	XYLENES (TOTAL)	ND	NA	mg/L	EPA 524.2
7439-97-6	MERCURY	ND	0.0001	mg/L	EPA 200.8
7440-02-0	NICKEL	ND	0.01	mg/L	EPA 200.8
14797-65-0	NITRITE AS N (AUTOMATED)	ND	0.05	mg/L	10-107-04-2-B
14797-55-8	NITRATE AS N (AUTOMATED)	1.3	0.4	mg/L	10-107-04-2-B
7439-92-1	LEAD (TOTAL)	ND	0.001	mg/L	EPA 200.8
7440-36-0	ANTIMONY	ND	0.0006	mg/L	EPA 200.8
7782-49-2	SELENIUM (TOTAL)	0.001	0.001	mg/L	EPA 200.8
14808-79-8	SULFATE (AUTOMATED)	40	10	mg/L	SM 4500 SO4E
7440-28-0	THALLIUM	ND	0.0002	mg/L	EPA 200.8

Laboratory Comments:
Endrin Aldehyde quality control results were outside allowed limits due to matrix interferences.
Unidentified hydrocarbon peak(s) were detected.

By authority of PA 368 of 1978 as amended.

Print Date: Thu Oct 1
17:13:39 EDT 2015

Michigan Department of Environmental Quality

Replicate Laboratory Report for
Lansing Drinking Water Laboratory

Owner/Location Information:

CITY OF FLINT
4500 N DORT HWY
FLINT MI 48505

Sample Number: LLF54660

Sample/Collection Information:

WSSN:	02310	Site Code:	
County:	Genesee	Water Source:	Public Community Water Supply
Township:		Sample Reason:	Routine Monitoring
Section:		Sample Point:	Treated Public Distribution System
Well #:		Point Description:	PLANT TAP
Collection Date:	2/16/2015 9:40:00 AM	Collector:	Public Water Supply Operator
Arrival Date:	2/17/2015 10:46:51 AM	Collected By:	MIKE GLASGOW

CasNo	Analyte	Result	Detect	Units	Method
16984-48-8	FLUORIDE (AUTOMATED)	0.57	0.1	mg/L	SM 4500 FC
7439-89-6	IRON	ND	0.1	mg/L	SM 3500 FeB
HARD-00-C	HARDNESS AS CaCO3	180	20	mg/L	SM 2340 C
7440-23-5	SODIUM	25	5	mg/L	SM 3500 NaB
7440-38-2	ARSENIC (TOTAL)	ND	0.002	mg/L	EPA 200.8
7440-39-3	BARIUM	ND	0.01	mg/L	EPA 200.8
7440-41-7	BERYLLIUM	ND	0.0004	mg/L	EPA 200.8
57-12-5	CYANIDE	ND	0.02	mg/L	OIA-1677
7440-43-9	CADMIUM (TOTAL)	ND	0.0003	mg/L	EPA 200.8
7647-14-5	CHLORIDE (AUTOMATED)	99	4	mg/L	SM 4500-Cl E
7440-47-3	CHROMIUM (TOTAL)	ND	0.01	mg/L	EPA 200.8

93-76-5	2,4,5-T	ND	0.002	mg/L	EPA 515.4
93-72-1	2,4,5-TP (SILVEX)	ND	0.0002	mg/L	EPA 515.4
94-75-7	2,4-D	ND	0.001	mg/L	EPA 515.4
50594-66-6	ACIFLUORFEN	ND	0.004	mg/L	EPA 515.4
25057-89-0	BENTAZON	ND	0.002	mg/L	EPA 515.4
1918-00-9	DICAMBA	ND	0.002	mg/L	EPA 515.4
88-85-7	DINOSEB	ND	0.0002	mg/L	EPA 515.4
87-86-5	PENTACHLOROPHENOL	ND	0.00004	mg/L	EPA 515.4
1918-02-1	PICLORAM	ND	0.001	mg/L	EPA 515.4
1861-32-1	TOTAL DCPA, MONO & DI-ACID DEGRADATES	ND	0.001	mg/L	EPA 515.4
116-06-3	ALDICARB	ND	0.0005	mg/L	EPA 531.2
1646-88-4	ALDICARB SULFONE	ND	0.0005	mg/L	EPA 531.2
1646-87-3	ALDICARB SULFOXIDE	ND	0.0005	mg/L	EPA 531.2
63-25-2	CARBARYL	ND	0.001	mg/L	EPA 531.2
1563-66-2	CARBOFURAN	ND	0.0005	mg/L	EPA 531.2
16655-82-6	HYDROXYCARBOFURAN,3-	ND	0.001	mg/L	EPA 531.2
2032-65-7	METHIOCARB	ND	0.001	mg/L	EPA 531.2
16752-77-5	METHOMYL	ND	0.001	mg/L	EPA 531.2
23135-22-0	OXAMYL	ND	0.001	mg/L	EPA 531.2
114-26-1	PROPOXUR (BAYGON)	ND	0.001	mg/L	EPA 531.2
34256-82-1	ACETOCHLOR	ND	0.001	mg/L	EPA 525.2
15972-60-8	ALACHLOR	ND	0.0002	mg/L	EPA 525.2
309-00-2	ALDRIN	ND	0.0004	mg/L	EPA 525.2
1912-24-9	ATRAZINE	ND	0.0002	mg/L	EPA 525.2
5103-71-9	CHLORDANE, ALPHA-	ND	0.0002	mg/L	EPA 525.2
5103-74-2	CHLORDANE, GAMMA-	ND	0.0002	mg/L	EPA 525.2
72-54-8	DDD,4,4'-	ND	0.001	mg/L	EPA 525.2
72-55-9	DDE,4,4'-	ND	0.001	mg/L	EPA 525.2

50-29-3	DDT,4,4'-	ND	0.0005	mg/L	EPA 525.2
60-57-1	DIELDRIN	ND	0.0005	mg/L	EPA 525.2
72-20-8	ENDRIN	ND	0.0001	mg/L	EPA 525.2
7421-93-4	ENDRIN ALDEHYDE	ND	0.001	mg/L	EPA 525.2
76-44-8	HEPTACHLOR	ND	0.0002	mg/L	EPA 525.2
1024-57-3	HEPTACHLOR EPOXIDE	ND	0.0001	mg/L	EPA 525.2
118-74-1	HEXACHLOROBENZENE	ND	0.0001	mg/L	EPA 525.2
319-84-6	HEXACHLOROCYCLOHEXANE (ALPHA-BHC)	ND	0.001	mg/L	EPA 525.2
319-85-7	HEXACHLOROCYCLOHEXANE (BETA-BHC)	ND	0.001	mg/L	EPA 525.2
319-86-8	HEXACHLOROCYCLOHEXANE (DELTA-BHC)	ND	0.001	mg/L	EPA 525.2
77-47-4	HEXACHLOROCYCLOPENTADIENE	ND	0.0005	mg/L	EPA 525.2
58-89-9	LINDANE (GAMMA-BHC)	ND	0.0001	mg/L	EPA 525.2
72-43-5	METHOXYCHLOR	ND	0.0001	mg/L	EPA 525.2
51218-45-2	METOLACHLOR	ND	0.001	mg/L	EPA 525.2
21087-64-9	METRIBUZIN	ND	0.001	mg/L	EPA 525.2
2212-67-1	MOLINATE	ND	0.0005	mg/L	EPA 525.2
12674-11-2	PCB (AROCLOR 1016)	ND	0.0001	mg/L	EPA 525.2
11104-28-2	PCB (AROCLOR 1221)	ND	0.0001	mg/L	EPA 525.2
11141-16-5	PCB (AROCLOR 1232)	ND	0.0001	mg/L	EPA 525.2
53469-21-9	PCB (AROCLOR 1242)	ND	0.0001	mg/L	EPA 525.2
12672-29-6	PCB (AROCLOR 1248)	ND	0.0001	mg/L	EPA 525.2
11097-69-1	PCB (AROCLOR 1254)	ND	0.0001	mg/L	EPA 525.2
11096-82-5	PCB (AROCLOR 1260)	ND	0.0001	mg/L	EPA 525.2
59536-65-1	POLYBROMINATED BIPHENYLS	ND	0.0001	mg/L	EPA 525.2
122-34-9	SIMAZINE	ND	0.0002	mg/L	EPA 525.2
8001-35-2	TOXAPHENE	ND	0.001	mg/L	EPA 525.2
71-43-2	BENZENE	ND	0.0005	mg/L	EPA 524.2
108-86-1	BROMOBENZENE	ND	0.0005	mg/L	EPA 524.2

74-97-5	BROMOCHLOROMETHANE	ND	0.0005	mg/L	EPA 524.2
75-25-2	BROMOFORM	0.0007	0.0005	mg/L	EPA 524.2
74-83-9	BROMOMETHANE	ND	0.001	mg/L	EPA 524.2
104-51-8	BUTYLBENZENE,NORMAL-	ND	0.0005	mg/L	EPA 524.2
135-98-8	BUTYLBENZENE,SEC-	ND	0.0005	mg/L	EPA 524.2
98-06-6	BUTYLBENZENE,TERT-	ND	0.0005	mg/L	EPA 524.2
56-23-5	CARBON TETRACHLORIDE	ND	0.0005	mg/L	EPA 524.2
108-90-7	CHLOROBENZENE	ND	0.0005	mg/L	EPA 524.2
124-48-1	CHLORODIBROMOMETHANE	0.0025	0.0005	mg/L	EPA 524.2
75-00-3	CHLOROETHANE	ND	0.0005	mg/L	EPA 524.2
67-66-3	CHLOROFORM	0.0018	0.0005	mg/L	EPA 524.2
74-87-3	CHLOROMETHANE	ND	0.0005	mg/L	EPA 524.2
95-49-8	CHLOROTOLUENE,2-	ND	0.0005	mg/L	EPA 524.2
106-43-4	CHLOROTOLUENE,4-	ND	0.0005	mg/L	EPA 524.2
74-95-3	DIBROMOMETHANE	ND	0.0005	mg/L	EPA 524.2
95-50-1	DICHLOROBENZENE,1,2-	ND	0.0005	mg/L	EPA 524.2
541-73-1	DICHLOROBENZENE,1,3-	ND	0.0005	mg/L	EPA 524.2
106-46-7	DICHLOROBENZENE,1,4-	ND	0.0005	mg/L	EPA 524.2
75-27-4	DICHLOROBROMOMETHANE	0.0030	0.0005	mg/L	EPA 524.2
75-71-8	DICHLORODIFLUOROMETHANE	ND	0.001	mg/L	EPA 524.2
75-34-3	DICHLOROETHANE,1,1-	ND	0.0005	mg/L	EPA 524.2
107-06-2	DICHLOROETHANE,1,2-	ND	0.0005	mg/L	EPA 524.2
75-35-4	DICHLOROETHYLENE,1,1-	ND	0.0005	mg/L	EPA 524.2
156-59-2	DICHLOROETHYLENE,1,2-CIS	ND	0.0005	mg/L	EPA 524.2
156-60-5	DICHLOROETHYLENE,1,2-TRANS	ND	0.0005	mg/L	EPA 524.2
78-87-5	DICHLOROPROPANE,1,2-	ND	0.0005	mg/L	EPA 524.2
142-28-9	DICHLOROPROPANE,1,3-	ND	0.0005	mg/L	EPA 524.2
594-20-7	DICHLOROPROPANE,2,2-	ND	0.0005	mg/L	EPA 524.2
563-58-6	DICHLOROPROPENE,1,1-	ND	0.0005	mg/L	EPA 524.2
10061-01-5	DICHLOROPROPENE,1,3-CIS	ND	0.0005	mg/L	EPA 524.2
10061-02-6	DICHLOROPROPENE,1,3-TRANS	ND	0.0005	mg/L	EPA 524.2
100-41-4	ETHYLBENZENE	ND	0.0005	mg/L	EPA 524.2
75-69-4	FLUOROTRICHLOROMETHANE	ND	0.001	mg/L	EPA 524.2
87-68-3	HEXACHLOROBUTADIENE	ND	0.0005	mg/L	EPA 524.2
98-82-8	ISOPROPYL BENZENE	ND	0.0005	mg/L	EPA 524.2
99-87-6	ISOPROPYL TOLUENE, PARA-	ND	0.0005	mg/L	EPA 524.2
78-93-3	METHYL ETHYL KETONE	ND	0.005	mg/L	EPA 524.2
108-10-1	METHYL ISOBUTYL KETONE	ND	0.005	mg/L	EPA 524.2
1634-04-4	METHYL TERT-BUTYL ETHER	ND	0.001	mg/L	EPA 524.2

75-09-2	METHYLENE CHLORIDE	ND	0.0006	mg/L	EPA 524.2
91-20-3	NAPHTHALENE	ND	0.0005	mg/L	EPA 524.2
103-65-1	PROPYLBENZENE, NORMAL-	ND	0.0005	mg/L	EPA 524.2
100-42-5	STYRENE	ND	0.0005	mg/L	EPA 524.2
630-20-6	TETRACHLOROETHANE,1,1,1,2-	ND	0.0005	mg/L	EPA 524.2
79-34-5	TETRACHLOROETHANE,1,1,2,2-	ND	0.0005	mg/L	EPA 524.2
127-18-4	TETRACHLOROETHYLENE	ND	0.0005	mg/L	EPA 524.2
109-99-9	TETRAHYDROFURAN	ND	0.005	mg/L	EPA 524.2
108-88-3	TOLUENE	ND	0.0005	mg/L	EPA 524.2
TTHM-00-C	TOTAL TRIHALOMETHANES	0.008	NA	mg/L	EPA 524.2
87-61-6	TRICHLOROBENZENE,1,2,3-	ND	0.0005	mg/L	EPA 524.2
120-82-1	TRICHLOROBENZENE,1,2,4-	ND	0.0005	mg/L	EPA 524.2
71-55-6	TRICHLOROETHANE,1,1,1-	ND	0.0005	mg/L	EPA 524.2
79-00-5	TRICHLOROETHANE,1,1,2-	ND	0.0005	mg/L	EPA 524.2
79-01-6	TRICHLOROETHYLENE	ND	0.0005	mg/L	EPA 524.2
96-18-4	TRICHLOROPROPANE,1,2,3-	ND	0.0005	mg/L	EPA 524.2
95-63-6	TRIMETHYLBENZENE,1,2,4-	ND	0.0005	mg/L	EPA 524.2
108-67-8	TRIMETHYLBENZENE,1,3,5-	ND	0.0005	mg/L	EPA 524.2
75-01-4	VINYL CHLORIDE	ND	0.0005	mg/L	EPA 524.2
XYLMP-00-C	XYLENE,META-&PARA-	ND	0.0005	mg/L	EPA 524.2
95-47-6	XYLENE,ORTHO-	ND	0.0005	mg/L	EPA 524.2
1330-20-7	XYLENES (TOTAL)	ND	NA	mg/L	EPA 524.2
7439-97-6	MERCURY	ND	0.0001	mg/L	EPA 200.8
7440-02-0	NICKEL	ND	0.01	mg/L	EPA 200.8
14797-65-0	NITRITE AS N (AUTOMATED)	ND	0.05	mg/L	10-107-04-2-B
14797-55-8	NITRATE AS N (AUTOMATED)	1.3	0.4	mg/L	10-107-04-2-B
7439-92-1	LEAD (TOTAL)	ND	0.001	mg/L	EPA 200.8
7440-36-0	ANTIMONY	ND	0.0006	mg/L	EPA 200.8
7782-49-2	SELENIUM (TOTAL)	0.001	0.001	mg/L	EPA 200.8
14808-79-8	SULFATE (AUTOMATED)	40	10	mg/L	SM 4500 SO4E
7440-28-0	THALLIUM	ND	0.0002	mg/L	EPA 200.8

Laboratory Comments:

Endrin Aldehyde quality control results were outside allowed limits due to matrix interferences.
Unidentified hydrocarbon peak(s) were detected.

By authority of PA 368 of 1978 as amended.

Print Date: Thu Oct 1 17:13:39 EDT 2015

Michigan Department of Environmental Quality

Replicate Laboratory Report for
Lansing Drinking Water Laboratory

Owner/Location Information:

CITY OF FLINT -WATER PLANT
4500 N DORT HWY
FLINT MI 48505

Sample Number: LLF19430

Sample/Collection Information:

WSSN:	02310	Site Code:	LAB TAP
County:	Genesee	Water Source:	Public Community Water Supply
Township:		Sample Reason:	Routine Monitoring
Section:		Sample Point:	Treated Public Distribution System
Well #:		Point Description:	PLANT LAB
Collection Date:	5/22/2014 8:30:00 AM	Collector:	Public Water Supply Operator
Arrival Date:	5/22/2014 1:19:53 PM	Collected By:	MICHAEL GLASGOW

CasNo	Analyte	Result	Detect	Units	Method
16984-48-8	FLUORIDE (AUTOMATED)	0.16	0.1	mg/L	SM 4500 FC
7439-89-6	IRON	ND	0.1	mg/L	SM 3500 FeB
HARD-00-C	HARDNESS AS CaCO3	209	20	mg/L	SM 2340 C
7440-23-5	SODIUM	15	5	mg/L	SM 3500 NaB
7440-38-2	ARSENIC (TOTAL)	ND	0.002	mg/L	EPA 200.8
7440-39-3	BARIUM	0.03	0.01	mg/L	EPA 200.8
7440-41-7	BERYLLIUM	ND	0.0004	mg/L	EPA 200.8
57-12-5	CYANIDE	ND	0.02	mg/L	OIA-1677
7440-43-9	CADMIUM (TOTAL)	ND	0.0003	mg/L	EPA 200.8
7647-14-5	CHLORIDE (AUTOMATED)	79	4	mg/L	SM 4500-Cl E
7440-47-					

3	CHROMIUM (TOTAL)	ND	0.01	mg/L	EPA 200.8
93-76-5	2,4,5-T	ND	0.002	mg/L	EPA 515.4
93-72-1	2,4,5-TP (SILVEX)	ND	0.0003	mg/L	EPA 515.4
94-75-7	2,4-D	ND	0.002	mg/L	EPA 515.4
50594-66-6	ACIFLUORFEN	ND	0.004	mg/L	EPA 515.4
25057-89-0	BENTAZON	ND	0.002	mg/L	EPA 515.4
1918-00-9	DICAMBA	ND	0.002	mg/L	EPA 515.4
88-85-7	DINOSEB	ND	0.0003	mg/L	EPA 515.4
87-86-5	PENTACHLOROPHENOL	ND	0.00006	mg/L	EPA 515.4
1918-02-1	PICLORAM	ND	0.001	mg/L	EPA 515.4
1861-32-1	TOTAL DCPA, MONO & DI-ACID DEGRADATES	ND	0.001	mg/L	EPA 515.4
116-06-3	ALDICARB	ND	0.0005	mg/L	EPA 531.2
1646-88-4	ALDICARB SULFONE	ND	0.0005	mg/L	EPA 531.2
1646-87-3	ALDICARB SULFOXIDE	ND	0.0005	mg/L	EPA 531.2
63-25-2	CARBARYL	ND	0.001	mg/L	EPA 531.2
1563-66-2	CARBOFURAN	ND	0.0005	mg/L	EPA 531.2
16655-82-6	HYDROXYCARBOFURAN,3-	ND	0.001	mg/L	EPA 531.2
2032-65-7	METHIOCARB	ND	0.001	mg/L	EPA 531.2
16752-77-5	METHOMYL	ND	0.001	mg/L	EPA 531.2
23135-22-0	OXAMYL	ND	0.001	mg/L	EPA 531.2
114-26-1	PROPOXUR (BAYGON)	ND	0.001	mg/L	EPA 531.2
34256-82-1	ACETOCHLOR	ND	0.001	mg/L	EPA 525.2
15972-60-8	ALACHLOR	ND	0.0002	mg/L	EPA 525.2
309-00-2	ALDRIN	ND	0.0004	mg/L	EPA 525.2
1912-24-9	ATRAZINE	ND	0.0002	mg/L	EPA 525.2
5103-71-9	CHLORDANE, ALPHA-	ND	0.0002	mg/L	EPA 525.2
5103-74-2	CHLORDANE, GAMMA-	ND	0.0002	mg/L	EPA 525.2
72-54-8	DDD,4,4'-	ND	0.001	mg/L	EPA 525.2

72-55-9	DDE,4,4'-	ND	0.001	mg/L	EPA 525.2
50-29-3	DDT,4,4'-	ND	0.0005	mg/L	EPA 525.2
60-57-1	DIELDRIN	ND	0.0005	mg/L	EPA 525.2
72-20-8	ENDRIN	ND	0.0001	mg/L	EPA 525.2
7421-93-4	ENDRIN ALDEHYDE	ND	0.001	mg/L	EPA 525.2
76-44-8	HEPTACHLOR	ND	0.0002	mg/L	EPA 525.2
1024-57-3	HEPTACHLOR EPOXIDE	ND	0.0001	mg/L	EPA 525.2
118-74-1	HEXACHLOROBENZENE	ND	0.0001	mg/L	EPA 525.2
319-84-6	HEXACHLOROCYCLOHEXANE (ALPHA-BHC)	ND	0.001	mg/L	EPA 525.2
319-85-7	HEXACHLOROCYCLOHEXANE (BETA-BHC)	ND	0.001	mg/L	EPA 525.2
319-86-8	HEXACHLOROCYCLOHEXANE (DELTA-BHC)	ND	0.001	mg/L	EPA 525.2
77-47-4	HEXACHLOROCYCLOPENTADIENE	ND	0.0005	mg/L	EPA 525.2
58-89-9	LINDANE (GAMMA-BHC)	ND	0.0001	mg/L	EPA 525.2
72-43-5	METHOXYCHLOR	ND	0.0001	mg/L	EPA 525.2
51218-45-2	METOLACHLOR	ND	0.001	mg/L	EPA 525.2
21087-64-9	METRIBUZIN	ND	0.001	mg/L	EPA 525.2
2212-67-1	MOLINATE	ND	0.0005	mg/L	EPA 525.2
12674-11-2	PCB (AROCLOR 1016)	ND	0.0001	mg/L	EPA 525.2
11104-28-2	PCB (AROCLOR 1221)	ND	0.0001	mg/L	EPA 525.2
11141-16-5	PCB (AROCLOR 1232)	ND	0.0001	mg/L	EPA 525.2
53469-21-9	PCB (AROCLOR 1242)	ND	0.0001	mg/L	EPA 525.2
12672-29-6	PCB (AROCLOR 1248)	ND	0.0001	mg/L	EPA 525.2
11097-69-1	PCB (AROCLOR 1254)	ND	0.0001	mg/L	EPA 525.2
11096-82-5	PCB (AROCLOR 1260)	ND	0.0001	mg/L	EPA 525.2
59536-65-1	POLYBROMINATED BIPHENYLS	ND	0.0001	mg/L	EPA 525.2
122-34-9	SIMAZINE	ND	0.0002	mg/L	EPA 525.2
8001-35-2	TOXAPHENE	ND	0.001	mg/L	EPA 525.2
71-43-2	BENZENE	ND	0.0005	mg/L	EPA 524.2

108-86-1	BROMOBENZENE	ND	0.0005	mg/L	EPA 524.2
74-97-5	BROMOCHLOROMETHANE	ND	0.0005	mg/L	EPA 524.2
75-25-2	BROMOFORM	0.0010	0.0005	mg/L	EPA 524.2
74-83-9	BROMOMETHANE	ND	0.001	mg/L	EPA 524.2
104-51-8	BUTYLBENZENE,NORMAL-	ND	0.0005	mg/L	EPA 524.2
135-98-8	BUTYLBENZENE,SEC-	ND	0.0005	mg/L	EPA 524.2
98-06-6	BUTYLBENZENE,TERT-	ND	0.0005	mg/L	EPA 524.2
56-23-5	CARBON TETRACHLORIDE	ND	0.0005	mg/L	EPA 524.2
108-90-7	CHLOROBENZENE	ND	0.0005	mg/L	EPA 524.2
124-48-1	CHLORODIBROMOMETHANE	0.013	0.0005	mg/L	EPA 524.2
75-00-3	CHLOROETHANE	ND	0.0005	mg/L	EPA 524.2
67-66-3	CHLOROFORM	0.022	0.0005	mg/L	EPA 524.2
74-87-3	CHLOROMETHANE	ND	0.0005	mg/L	EPA 524.2
95-49-8	CHLOROTOLUENE,2-	ND	0.0005	mg/L	EPA 524.2
106-43-4	CHLOROTOLUENE,4-	ND	0.0005	mg/L	EPA 524.2
74-95-3	DIBROMOMETHANE	ND	0.0005	mg/L	EPA 524.2
95-50-1	DICHLOROBENZENE,1,2-	ND	0.0005	mg/L	EPA 524.2
541-73-1	DICHLOROBENZENE,1,3-	ND	0.0005	mg/L	EPA 524.2
106-46-7	DICHLOROBENZENE,1,4-	ND	0.0005	mg/L	EPA 524.2
75-27-4	DICHLOROBROMOMETHANE	0.020	0.0005	mg/L	EPA 524.2
75-71-8	DICHLORODIFLUOROMETHANE	ND	0.001	mg/L	EPA 524.2
75-34-3	DICHLOROETHANE,1,1-	ND	0.0005	mg/L	EPA 524.2
107-06-2	DICHLOROETHANE,1,2-	ND	0.0005	mg/L	EPA 524.2
75-35-4	DICHLOROETHYLENE,1,1-	ND	0.0005	mg/L	EPA 524.2
156-59-2	DICHLOROETHYLENE,1,2-CIS	ND	0.0005	mg/L	EPA 524.2
156-60-5	DICHLOROETHYLENE,1,2-TRANS	ND	0.0005	mg/L	EPA 524.2
78-87-5	DICHLOROPROPANE,1,2-	ND	0.0005	mg/L	EPA 524.2
142-28-9	DICHLOROPROPANE,1,3-	ND	0.0005	mg/L	EPA 524.2
594-20-7	DICHLOROPROPANE,2,2-	ND	0.0005	mg/L	EPA 524.2
563-58-6	DICHLOROPROPENE,1,1-	ND	0.0005	mg/L	EPA 524.2
10061-01-5	DICHLOROPROPENE,1,3-CIS	ND	0.0005	mg/L	EPA 524.2
10061-02-6	DICHLOROPROPENE,1,3-TRANS	ND	0.0005	mg/L	EPA 524.2
100-41-4	ETHYLBENZENE	ND	0.0005	mg/L	EPA 524.2
75-69-4	FLUOROTRICHLOROMETHANE	ND	0.001	mg/L	EPA 524.2
87-68-3	HEXACHLOROBUTADIENE	ND	0.0005	mg/L	EPA 524.2
98-82-8	ISOPROPYL BENZENE	ND	0.0005	mg/L	EPA 524.2
99-87-6	ISOPROPYL TOLUENE, PARA-	ND	0.0005	mg/L	EPA 524.2
78-93-3	METHYL ETHYL KETONE	ND	0.005	mg/L	EPA 524.2
108-10-1	METHYL ISOBUTYL KETONE	ND	0.005	mg/L	EPA 524.2
1634-04-					

4	METHYL TERT-BUTYL ETHER	ND	0.001	mg/L	EPA 524.2
75-09-2	METHYLENE CHLORIDE	ND	0.0006	mg/L	EPA 524.2
91-20-3	NAPHTHALENE	ND	0.0005	mg/L	EPA 524.2
98-95-3	NITROBENZENE	ND	0.01	mg/L	EPA 524.2
103-65-1	PROPYLBENZENE, NORMAL-	ND	0.0005	mg/L	EPA 524.2
100-42-5	STYRENE	ND	0.0005	mg/L	EPA 524.2
630-20-6	TETRACHLOROETHANE,1,1,1,2-	ND	0.0005	mg/L	EPA 524.2
79-34-5	TETRACHLOROETHANE,1,1,2,2-	ND	0.0005	mg/L	EPA 524.2
127-18-4	TETRACHLOROETHYLENE	ND	0.0005	mg/L	EPA 524.2
109-99-9	TETRAHYDROFURAN	ND	0.005	mg/L	EPA 524.2
108-88-3	TOLUENE	ND	0.0005	mg/L	EPA 524.2
TTHM-00-C	TOTAL TRIHALOMETHANES	0.056	NA	mg/L	EPA 524.2
87-61-6	TRICHLOROBENZENE,1,2,3-	ND	0.0005	mg/L	EPA 524.2
120-82-1	TRICHLOROBENZENE,1,2,4-	ND	0.0005	mg/L	EPA 524.2
71-55-6	TRICHLOROETHANE,1,1,1-	ND	0.0005	mg/L	EPA 524.2
79-00-5	TRICHLOROETHANE,1,1,2-	ND	0.0005	mg/L	EPA 524.2
79-01-6	TRICHLOROETHYLENE	ND	0.0005	mg/L	EPA 524.2
96-18-4	TRICHLOROPROPANE,1,2,3-	ND	0.0005	mg/L	EPA 524.2
95-63-6	TRIMETHYLBENZENE,1,2,4-	ND	0.0005	mg/L	EPA 524.2
108-67-8	TRIMETHYLBENZENE,1,3,5-	ND	0.0005	mg/L	EPA 524.2
75-01-4	VINYL CHLORIDE	ND	0.0004	mg/L	EPA 524.2
XYLMP-00-C	XYLENE,META-&PARA-	ND	0.0005	mg/L	EPA 524.2
95-47-6	XYLENE,ORTHO-	ND	0.0005	mg/L	EPA 524.2
1330-20-7	XYLENES (TOTAL)	ND	NA	mg/L	EPA 524.2
7439-97-6	MERCURY	ND	0.0001	mg/L	EPA 200.8
7440-02-0	NICKEL	ND	0.01	mg/L	EPA 200.8
14797-65-0	NITRITE AS N (AUTOMATED)	ND	0.05	mg/L	10-107-04-2-B
14797-55-8	NITRATE AS N (AUTOMATED)	0.4	0.4	mg/L	10-107-04-2-B
7439-92-1	LEAD (TOTAL)	ND	0.001	mg/L	EPA 200.8
7440-36-0	ANTIMONY	ND	0.0006	mg/L	EPA 200.8
7782-49-2	SELENIUM (TOTAL)	ND	0.001	mg/L	EPA 200.8
14808-79-8	SULFATE (AUTOMATED)	25	10	mg/L	SM 4500 SO4E
7440-28-					

0	THALLIUM	ND	0.0002	mg/L	EPA 200.8

Laboratory Comments:

By authority of PA 368 of 1978 as amended.

Print Date: Thu Oct 1 17:15:56 EDT 2015

Michigan Department of Environmental Quality

Replicate Laboratory Report for
Lansing Drinking Water Laboratory

Owner/Location Information:

CITY OF FLINT
4500 N DORT HWY
FLINT MI 48505

Sample Number: LLF63412

Sample/Collection Information:

WSSN:	02310	Site Code:	
County:	Genesee	Water Source:	Public Community Water Supply
Township:		Sample Reason:	Routine Monitoring
Section:		Sample Point:	Treated Public Distribution System
Well #:		Point Description:	PLANT TAP
Collection Date:	5/12/2015 11:33:00 AM	Collector:	Public Water Supply Operator
Arrival Date:	5/13/2015 11:26:43 AM	Collected By:	MIKE GLASGOW

CasNo	Analyte	Result	Detect	Units	Method
16984-48-8	FLUORIDE (AUTOMATED)	0.87	0.1	mg/L	SM 4500 FC
7439-89-6	IRON	ND	0.1	mg/L	SM 3500 FeB
HARD-00-C	HARDNESS AS CaCO3	163	20	mg/L	SM 2340 C
7440-23-5	SODIUM	18	5	mg/L	SM 3500 NaB
7440-38-2	ARSENIC (TOTAL)	ND	0.002	mg/L	EPA 200.8
7440-39-3	BARIUM	0.03	0.01	mg/L	EPA 200.8
7440-41-7	BERYLLIUM	ND	0.0004	mg/L	EPA 200.8
57-12-5	CYANIDE	ND	0.02	mg/L	OIA-1677
7440-43-9	CADMIUM (TOTAL)	ND	0.0003	mg/L	EPA 200.8
7647-14-5	CHLORIDE (AUTOMATED)	90	4	mg/L	SM 4500-Cl E
7440-47-3	CHROMIUM (TOTAL)	ND	0.01	mg/L	EPA 200.8

93-76-5	2,4,5-T	ND	0.002	mg/L	EPA 515.4
93-72-1	2,4,5-TP (SILVEX)	ND	0.0002	mg/L	EPA 515.4
94-75-7	2,4-D	ND	0.001	mg/L	EPA 515.4
50594-66-6	ACIFLUORFEN	ND	0.004	mg/L	EPA 515.4
25057-89-0	BENTAZON	ND	0.002	mg/L	EPA 515.4
1918-00-9	DICAMBA	ND	0.002	mg/L	EPA 515.4
88-85-7	DINOSEB	ND	0.0002	mg/L	EPA 515.4
87-86-5	PENTACHLOROPHENOL	ND	0.00004	mg/L	EPA 515.4
1918-02-1	PICLORAM	ND	0.001	mg/L	EPA 515.4
1861-32-1	TOTAL DCPA, MONO & DI-ACID DEGRADATES	ND	0.001	mg/L	EPA 515.4
116-06-3	ALDICARB	ND	0.0005	mg/L	EPA 531.2
1646-88-4	ALDICARB SULFONE	ND	0.0005	mg/L	EPA 531.2
1646-87-3	ALDICARB SULFOXIDE	ND	0.0005	mg/L	EPA 531.2
63-25-2	CARBARYL	ND	0.001	mg/L	EPA 531.2
1563-66-2	CARBOFURAN	ND	0.0005	mg/L	EPA 531.2
16655-82-6	HYDROXYCARBOFURAN,3-	ND	0.001	mg/L	EPA 531.2
2032-65-7	METHIOCARB	ND	0.001	mg/L	EPA 531.2
16752-77-5	METHOMYL	ND	0.001	mg/L	EPA 531.2
23135-22-0	OXAMYL	ND	0.001	mg/L	EPA 531.2
114-26-1	PROPOXUR (BAYGON)	ND	0.001	mg/L	EPA 531.2
34256-82-1	ACETOCHLOR	ND	0.001	mg/L	EPA 525.2
15972-60-8	ALACHLOR	ND	0.0002	mg/L	EPA 525.2
309-00-2	ALDRIN	ND	0.0004	mg/L	EPA 525.2
1912-24-9	ATRAZINE	ND	0.0002	mg/L	EPA 525.2
5103-71-9	CHLORDANE, ALPHA-	ND	0.0002	mg/L	EPA 525.2
5103-74-2	CHLORDANE, GAMMA-	ND	0.0002	mg/L	EPA 525.2
72-54-8	DDD,4,4'-	ND	0.001	mg/L	EPA 525.2
72-55-9	DDE,4,4'-	ND	0.001	mg/L	EPA 525.2

50-29-3	DDT,4,4'-	ND	0.0005	mg/L	EPA 525.2
60-57-1	DIELDRIN	ND	0.0005	mg/L	EPA 525.2
72-20-8	ENDRIN	ND	0.0001	mg/L	EPA 525.2
7421-93-4	ENDRIN ALDEHYDE	ND	0.001	mg/L	EPA 525.2
76-44-8	HEPTACHLOR	ND	0.0002	mg/L	EPA 525.2
1024-57-3	HEPTACHLOR EPOXIDE	ND	0.0001	mg/L	EPA 525.2
118-74-1	HEXACHLOROBENZENE	ND	0.0001	mg/L	EPA 525.2
319-84-6	HEXACHLOROCYCLOHEXANE (ALPHA-BHC)	ND	0.001	mg/L	EPA 525.2
319-85-7	HEXACHLOROCYCLOHEXANE (BETA-BHC)	ND	0.001	mg/L	EPA 525.2
319-86-8	HEXACHLOROCYCLOHEXANE (DELTA-BHC)	ND	0.001	mg/L	EPA 525.2
77-47-4	HEXACHLOROCYCLOPENTADIENE	ND	0.0005	mg/L	EPA 525.2
58-89-9	LINDANE (GAMMA-BHC)	ND	0.0001	mg/L	EPA 525.2
72-43-5	METHOXYCHLOR	ND	0.0001	mg/L	EPA 525.2
51218-45-2	METOLACHLOR	ND	0.001	mg/L	EPA 525.2
21087-64-9	METRIBUZIN	ND	0.001	mg/L	EPA 525.2
2212-67-1	MOLINATE	ND	0.0005	mg/L	EPA 525.2
12674-11-2	PCB (AROCLOR 1016)	ND	0.0001	mg/L	EPA 525.2
11104-28-2	PCB (AROCLOR 1221)	ND	0.0001	mg/L	EPA 525.2
11141-16-5	PCB (AROCLOR 1232)	ND	0.0001	mg/L	EPA 525.2
53469-21-9	PCB (AROCLOR 1242)	ND	0.0001	mg/L	EPA 525.2
12672-29-6	PCB (AROCLOR 1248)	ND	0.0001	mg/L	EPA 525.2
11097-69-1	PCB (AROCLOR 1254)	ND	0.0001	mg/L	EPA 525.2
11096-82-5	PCB (AROCLOR 1260)	ND	0.0001	mg/L	EPA 525.2
59536-65-1	POLYBROMINATED BIPHENYLS	ND	0.0001	mg/L	EPA 525.2
122-34-9	SIMAZINE	ND	0.0002	mg/L	EPA 525.2
8001-35-2	TOXAPHENE	ND	0.001	mg/L	EPA 525.2
71-43-2	BENZENE	ND	0.0005	mg/L	EPA 524.2
108-86-1	BROMOBENZENE	ND	0.0005	mg/L	EPA 524.2

74-97-5	BROMOCHLOROMETHANE	ND	0.0005	mg/L	EPA 524.2
75-25-2	BROMOFORM	0.0013	0.0005	mg/L	EPA 524.2
74-83-9	BROMOMETHANE	ND	0.001	mg/L	EPA 524.2
104-51-8	BUTYLBENZENE,NORMAL-	ND	0.0005	mg/L	EPA 524.2
135-98-8	BUTYLBENZENE,SEC-	ND	0.0005	mg/L	EPA 524.2
98-06-6	BUTYLBENZENE,TERT-	ND	0.0005	mg/L	EPA 524.2
56-23-5	CARBON TETRACHLORIDE	ND	0.0005	mg/L	EPA 524.2
108-90-7	CHLOROBENZENE	ND	0.0005	mg/L	EPA 524.2
124-48-1	CHLORODIBROMOMETHANE	0.0077	0.0005	mg/L	EPA 524.2
75-00-3	CHLOROETHANE	ND	0.0005	mg/L	EPA 524.2
67-66-3	CHLOROFORM	0.0072	0.0005	mg/L	EPA 524.2
74-87-3	CHLOROMETHANE	ND	0.0005	mg/L	EPA 524.2
95-49-8	CHLOROTOLUENE,2-	ND	0.0005	mg/L	EPA 524.2
106-43-4	CHLOROTOLUENE,4-	ND	0.0005	mg/L	EPA 524.2
74-95-3	DIBROMOMETHANE	ND	0.0005	mg/L	EPA 524.2
95-50-1	DICHLOROBENZENE,1,2-	ND	0.0005	mg/L	EPA 524.2
541-73-1	DICHLOROBENZENE,1,3-	ND	0.0005	mg/L	EPA 524.2
106-46-7	DICHLOROBENZENE,1,4-	ND	0.0005	mg/L	EPA 524.2
75-27-4	DICHLOROBROMOMETHANE	0.0099	0.0005	mg/L	EPA 524.2
75-71-8	DICHLORODIFLUOROMETHANE	ND	0.001	mg/L	EPA 524.2
75-34-3	DICHLOROETHANE,1,1-	ND	0.0005	mg/L	EPA 524.2
107-06-2	DICHLOROETHANE,1,2-	ND	0.0005	mg/L	EPA 524.2
75-35-4	DICHLOROETHYLENE,1,1-	ND	0.0005	mg/L	EPA 524.2
156-59-2	DICHLOROETHYLENE,1,2-CIS	ND	0.0005	mg/L	EPA 524.2
156-60-5	DICHLOROETHYLENE,1,2-TRANS	ND	0.0005	mg/L	EPA 524.2
78-87-5	DICHLOROPROPANE,1,2-	ND	0.0005	mg/L	EPA 524.2
142-28-9	DICHLOROPROPANE,1,3-	ND	0.0005	mg/L	EPA 524.2
594-20-7	DICHLOROPROPANE,2,2-	ND	0.0005	mg/L	EPA 524.2
563-58-6	DICHLOROPROPENE,1,1-	ND	0.0005	mg/L	EPA 524.2
10061-01-5	DICHLOROPROPENE,1,3-CIS	ND	0.0005	mg/L	EPA 524.2
10061-02-6	DICHLOROPROPENE,1,3-TRANS	ND	0.0005	mg/L	EPA 524.2
100-41-4	ETHYLBENZENE	ND	0.0005	mg/L	EPA 524.2
75-69-4	FLUOROTRICHLOROMETHANE	ND	0.001	mg/L	EPA 524.2
87-68-3	HEXACHLOROBUTADIENE	ND	0.0005	mg/L	EPA 524.2
98-82-8	ISOPROPYL BENZENE	ND	0.0005	mg/L	EPA 524.2
99-87-6	ISOPROPYL TOLUENE, PARA-	ND	0.0005	mg/L	EPA 524.2
78-93-3	METHYL ETHYL KETONE	ND	0.005	mg/L	EPA 524.2
108-10-1	METHYL ISOBUTYL KETONE	ND	0.005	mg/L	EPA 524.2
1634-04-4	METHYL TERT-BUTYL ETHER	ND	0.001	mg/L	EPA 524.2

75-09-2	METHYLENE CHLORIDE	ND	0.0006	mg/L	EPA 524.2
91-20-3	NAPHTHALENE	ND	0.0005	mg/L	EPA 524.2
103-65-1	PROPYLBENZENE, NORMAL-	ND	0.0005	mg/L	EPA 524.2
100-42-5	STYRENE	ND	0.0005	mg/L	EPA 524.2
630-20-6	TETRACHLOROETHANE,1,1,1,2-	ND	0.0005	mg/L	EPA 524.2
79-34-5	TETRACHLOROETHANE,1,1,2,2-	ND	0.0005	mg/L	EPA 524.2
127-18-4	TETRACHLOROETHYLENE	ND	0.0005	mg/L	EPA 524.2
109-99-9	TETRAHYDROFURAN	ND	0.005	mg/L	EPA 524.2
108-88-3	TOLUENE	ND	0.0005	mg/L	EPA 524.2
TTHM-00-C	TOTAL TRIHALOMETHANES	0.026	NA	mg/L	EPA 524.2
87-61-6	TRICHLOROBENZENE,1,2,3-	ND	0.0005	mg/L	EPA 524.2
120-82-1	TRICHLOROBENZENE,1,2,4-	ND	0.0005	mg/L	EPA 524.2
71-55-6	TRICHLOROETHANE,1,1,1-	ND	0.0005	mg/L	EPA 524.2
79-00-5	TRICHLOROETHANE,1,1,2-	ND	0.0005	mg/L	EPA 524.2
79-01-6	TRICHLOROETHYLENE	ND	0.0005	mg/L	EPA 524.2
96-18-4	TRICHLOROPROPANE,1,2,3-	ND	0.0005	mg/L	EPA 524.2
95-63-6	TRIMETHYLBENZENE,1,2,4-	ND	0.0005	mg/L	EPA 524.2
108-67-8	TRIMETHYLBENZENE,1,3,5-	ND	0.0005	mg/L	EPA 524.2
75-01-4	VINYL CHLORIDE	ND	0.0005	mg/L	EPA 524.2
XYLMP-00-C	XYLENE,META-&PARA-	ND	0.0005	mg/L	EPA 524.2
95-47-6	XYLENE,ORTHO-	ND	0.0005	mg/L	EPA 524.2
1330-20-7	XYLENES (TOTAL)	ND	NA	mg/L	EPA 524.2
7439-97-6	MERCURY	ND	0.0001	mg/L	EPA 200.8
7440-02-0	NICKEL	ND	0.01	mg/L	EPA 200.8
14797-65-0	NITRITE AS N (AUTOMATED)	ND	0.05	mg/L	10-107-04-2-B
14797-55-8	NITRATE AS N (AUTOMATED)	ND	0.4	mg/L	10-107-04-2-B
7439-92-1	LEAD (TOTAL)	ND	0.001	mg/L	EPA 200.8
7440-36-0	ANTIMONY	ND	0.0006	mg/L	EPA 200.8
7782-49-2	SELENIUM (TOTAL)	ND	0.001	mg/L	EPA 200.8
14808-79-8	SULFATE (AUTOMATED)	31	10	mg/L	SM 4500 SO4E
7440-28-0	THALLIUM	ND	0.0002	mg/L	EPA 200.8

Laboratory Comments:

By authority of PA 368 of 1978 as amended.

Print Date: Thu Oct 1 17:13:08 EDT 2015

Michigan Department of Environmental Quality

Replicate Laboratory Report for
Lansing Drinking Water Laboratory

Owner/Location Information:

CITY OF FLINT
4500 N DORT HWY
FLINT MI 48505

Sample Number: LLF77582

Sample/Collection Information:

WSSN:	02310	Site Code:	
County:	Genesee	Water Source:	Public Community Water Supply
Township:		Sample Reason:	Routine Monitoring
Section:		Sample Point:	Treated Public Distribution System
Well #:		Point Description:	PLANT TAP
Collection Date:	8/11/2015 10:00:00 AM	Collector:	Public Water Supply Operator
Arrival Date:	8/12/2015 1:21:17 PM	Collected By:	C BEATENHEAD

CasNo	Analyte	Result	Detect	Units	Method
16984-48-8	FLUORIDE (AUTOMATED)	0.83	0.1	mg/L	SM 4500 FC
7439-89-6	IRON	ND	0.1	mg/L	SM 3500 FeB
HARD-00-C	HARDNESS AS CaCO3	110	20	mg/L	SM 2340 C
7440-23-5	SODIUM	18	5	mg/L	SM 3500 NaB
7440-38-2	ARSENIC (TOTAL)	ND	0.002	mg/L	EPA 200.8
7440-39-3	BARIUM	0.02	0.01	mg/L	EPA 200.8
7440-41-7	BERYLLIUM	ND	0.0004	mg/L	EPA 200.8
57-12-5	CYANIDE	ND	0.02	mg/L	OIA-1677
7440-43-9	CADMIUM (TOTAL)	ND	0.0003	mg/L	EPA 200.8
7647-14-5	CHLORIDE (AUTOMATED)	79	4	mg/L	SM 4500-Cl E
7440-47-3	CHROMIUM (TOTAL)	ND	0.01	mg/L	EPA 200.8

93-76-5	2,4,5-T	ND	0.002	mg/L	EPA 515.4
93-72-1	2,4,5-TP (SILVEX)	ND	0.0002	mg/L	EPA 515.4
94-75-7	2,4-D	ND	0.001	mg/L	EPA 515.4
50594-66-6	ACIFLUORFEN	ND	0.004	mg/L	EPA 515.4
25057-89-0	BENTAZON	ND	0.002	mg/L	EPA 515.4
1918-00-9	DICAMBA	ND	0.002	mg/L	EPA 515.4
88-85-7	DINOSEB	ND	0.0002	mg/L	EPA 515.4
87-86-5	PENTACHLOROPHENOL	ND	0.00004	mg/L	EPA 515.4
1918-02-1	PICLORAM	ND	0.001	mg/L	EPA 515.4
1861-32-1	TOTAL DCPA, MONO & DI-ACID DEGRADATES	ND	0.001	mg/L	EPA 515.4
116-06-3	ALDICARB	ND	0.0005	mg/L	EPA 531.2
1646-88-4	ALDICARB SULFONE	ND	0.0005	mg/L	EPA 531.2
1646-87-3	ALDICARB SULFOXIDE	ND	0.0005	mg/L	EPA 531.2
63-25-2	CARBARYL	ND	0.001	mg/L	EPA 531.2
1563-66-2	CARBOFURAN	ND	0.0005	mg/L	EPA 531.2
16655-82-6	HYDROXYCARBOFURAN,3-	ND	0.001	mg/L	EPA 531.2
2032-65-7	METHIOCARB	ND	0.001	mg/L	EPA 531.2
16752-77-5	METHOMYL	ND	0.001	mg/L	EPA 531.2
23135-22-0	OXAMYL	ND	0.001	mg/L	EPA 531.2
114-26-1	PROPOXUR (BAYGON)	ND	0.001	mg/L	EPA 531.2
34256-82-1	ACETOCHLOR	ND	0.001	mg/L	EPA 525.2
15972-60-8	ALACHLOR	ND	0.0002	mg/L	EPA 525.2
309-00-2	ALDRIN	ND	0.0004	mg/L	EPA 525.2
1912-24-9	ATRAZINE	ND	0.0002	mg/L	EPA 525.2
5103-71-9	CHLORDANE, ALPHA-	ND	0.0002	mg/L	EPA 525.2
5103-74-2	CHLORDANE, GAMMA-	ND	0.0002	mg/L	EPA 525.2
72-54-8	DDD,4,4'-	ND	0.001	mg/L	EPA 525.2
72-55-9	DDE,4,4'-	ND	0.001	mg/L	EPA 525.2

50-29-3	DDT,4,4'-	ND	0.0005	mg/L	EPA 525.2
60-57-1	DIELDRIN	ND	0.0005	mg/L	EPA 525.2
72-20-8	ENDRIN	ND	0.0001	mg/L	EPA 525.2
7421-93-4	ENDRIN ALDEHYDE	ND	0.001	mg/L	EPA 525.2
76-44-8	HEPTACHLOR	ND	0.0002	mg/L	EPA 525.2
1024-57-3	HEPTACHLOR EPOXIDE	ND	0.0001	mg/L	EPA 525.2
118-74-1	HEXACHLOROBENZENE	ND	0.0001	mg/L	EPA 525.2
319-84-6	HEXACHLOROCYCLOHEXANE (ALPHA-BHC)	ND	0.001	mg/L	EPA 525.2
319-85-7	HEXACHLOROCYCLOHEXANE (BETA-BHC)	ND	0.001	mg/L	EPA 525.2
319-86-8	HEXACHLOROCYCLOHEXANE (DELTA-BHC)	ND	0.001	mg/L	EPA 525.2
77-47-4	HEXACHLOROCYCLOPENTADIENE	ND	0.0005	mg/L	EPA 525.2
58-89-9	LINDANE (GAMMA-BHC)	ND	0.0001	mg/L	EPA 525.2
72-43-5	METHOXYCHLOR	ND	0.0001	mg/L	EPA 525.2
51218-45-2	METOLACHLOR	ND	0.001	mg/L	EPA 525.2
21087-64-9	METRIBUZIN	ND	0.001	mg/L	EPA 525.2
2212-67-1	MOLINATE	ND	0.0005	mg/L	EPA 525.2
12674-11-2	PCB (AROCLOR 1016)	ND	0.0001	mg/L	EPA 525.2
11104-28-2	PCB (AROCLOR 1221)	ND	0.0001	mg/L	EPA 525.2
11141-16-5	PCB (AROCLOR 1232)	ND	0.0001	mg/L	EPA 525.2
53469-21-9	PCB (AROCLOR 1242)	ND	0.0001	mg/L	EPA 525.2
12672-29-6	PCB (AROCLOR 1248)	ND	0.0001	mg/L	EPA 525.2
11097-69-1	PCB (AROCLOR 1254)	ND	0.0001	mg/L	EPA 525.2
11096-82-5	PCB (AROCLOR 1260)	ND	0.0001	mg/L	EPA 525.2
59536-65-1	POLYBROMINATED BIPHENYLS	ND	0.0001	mg/L	EPA 525.2
122-34-9	SIMAZINE	ND	0.0002	mg/L	EPA 525.2
8001-35-2	TOXAPHENE	ND	0.001	mg/L	EPA 525.2
71-43-2	BENZENE	ND	0.0005	mg/L	EPA 524.2
108-86-1	BROMOBENZENE	ND	0.0005	mg/L	EPA 524.2

74-97-5	BROMOCHLOROMETHANE	ND	0.0005	mg/L	EPA 524.2
75-25-2	BROMOFORM	0.0013	0.0005	mg/L	EPA 524.2
74-83-9	BROMOMETHANE	ND	0.001	mg/L	EPA 524.2
104-51-8	BUTYLBENZENE,NORMAL-	ND	0.0005	mg/L	EPA 524.2
135-98-8	BUTYLBENZENE,SEC-	ND	0.0005	mg/L	EPA 524.2
98-06-6	BUTYLBENZENE,TERT-	ND	0.0005	mg/L	EPA 524.2
56-23-5	CARBON TETRACHLORIDE	ND	0.0005	mg/L	EPA 524.2
108-90-7	CHLOROBENZENE	ND	0.0005	mg/L	EPA 524.2
124-48-1	CHLORODIBROMOMETHANE	0.0052	0.0005	mg/L	EPA 524.2
75-00-3	CHLOROETHANE	ND	0.0005	mg/L	EPA 524.2
67-66-3	CHLOROFORM	0.0015	0.0005	mg/L	EPA 524.2
74-87-3	CHLOROMETHANE	ND	0.0005	mg/L	EPA 524.2
95-49-8	CHLOROTOLUENE,2-	ND	0.0005	mg/L	EPA 524.2
106-43-4	CHLOROTOLUENE,4-	ND	0.0005	mg/L	EPA 524.2
74-95-3	DIBROMOMETHANE	ND	0.0005	mg/L	EPA 524.2
95-50-1	DICHLOROBENZENE,1,2-	ND	0.0005	mg/L	EPA 524.2
541-73-1	DICHLOROBENZENE,1,3-	ND	0.0005	mg/L	EPA 524.2
106-46-7	DICHLOROBENZENE,1,4-	ND	0.0005	mg/L	EPA 524.2
75-27-4	DICHLOROBROMOMETHANE	0.0036	0.0005	mg/L	EPA 524.2
75-71-8	DICHLORODIFLUOROMETHANE	ND	0.001	mg/L	EPA 524.2
75-34-3	DICHLOROETHANE,1,1-	ND	0.0005	mg/L	EPA 524.2
107-06-2	DICHLOROETHANE,1,2-	ND	0.0005	mg/L	EPA 524.2
75-35-4	DICHLOROETHYLENE,1,1-	ND	0.0005	mg/L	EPA 524.2
156-59-2	DICHLOROETHYLENE,1,2-CIS	ND	0.0005	mg/L	EPA 524.2
156-60-5	DICHLOROETHYLENE,1,2-TRANS	ND	0.0005	mg/L	EPA 524.2
78-87-5	DICHLOROPROPANE,1,2-	ND	0.0005	mg/L	EPA 524.2
142-28-9	DICHLOROPROPANE,1,3-	ND	0.0005	mg/L	EPA 524.2
594-20-7	DICHLOROPROPANE,2,2-	ND	0.0005	mg/L	EPA 524.2
563-58-6	DICHLOROPROPENE,1,1-	ND	0.0005	mg/L	EPA 524.2
10061-01-5	DICHLOROPROPENE,1,3-CIS	ND	0.0005	mg/L	EPA 524.2
10061-02-6	DICHLOROPROPENE,1,3-TRANS	ND	0.0005	mg/L	EPA 524.2
100-41-4	ETHYLBENZENE	ND	0.0005	mg/L	EPA 524.2
75-69-4	FLUOROTRICHLOROMETHANE	ND	0.001	mg/L	EPA 524.2
87-68-3	HEXACHLOROBUTADIENE	ND	0.0005	mg/L	EPA 524.2
98-82-8	ISOPROPYL BENZENE	ND	0.0005	mg/L	EPA 524.2
99-87-6	ISOPROPYL TOLUENE, PARA-	ND	0.0005	mg/L	EPA 524.2
78-93-3	METHYL ETHYL KETONE	ND	0.005	mg/L	EPA 524.2
108-10-1	METHYL ISOBUTYL KETONE	ND	0.005	mg/L	EPA 524.2
1634-04-4	METHYL TERT-BUTYL ETHER	ND	0.001	mg/L	EPA 524.2

75-09-2	METHYLENE CHLORIDE	ND	0.0006	mg/L	EPA 524.2
91-20-3	NAPHTHALENE	ND	0.0005	mg/L	EPA 524.2
103-65-1	PROPYLBENZENE, NORMAL-	ND	0.0005	mg/L	EPA 524.2
100-42-5	STYRENE	ND	0.0005	mg/L	EPA 524.2
630-20-6	TETRACHLOROETHANE,1,1,1,2-	ND	0.0005	mg/L	EPA 524.2
79-34-5	TETRACHLOROETHANE,1,1,2,2-	ND	0.0005	mg/L	EPA 524.2
127-18-4	TETRACHLOROETHYLENE	ND	0.0005	mg/L	EPA 524.2
109-99-9	TETRAHYDROFURAN	ND	0.005	mg/L	EPA 524.2
108-88-3	TOLUENE	ND	0.0005	mg/L	EPA 524.2
TTHM-00-C	TOTAL TRIHALOMETHANES	0.012	NA	mg/L	EPA 524.2
87-61-6	TRICHLOROBENZENE,1,2,3-	ND	0.0005	mg/L	EPA 524.2
120-82-1	TRICHLOROBENZENE,1,2,4-	ND	0.0005	mg/L	EPA 524.2
71-55-6	TRICHLOROETHANE,1,1,1-	ND	0.0005	mg/L	EPA 524.2
79-00-5	TRICHLOROETHANE,1,1,2-	ND	0.0005	mg/L	EPA 524.2
79-01-6	TRICHLOROETHYLENE	ND	0.0005	mg/L	EPA 524.2
96-18-4	TRICHLOROPROPANE,1,2,3-	ND	0.0005	mg/L	EPA 524.2
95-63-6	TRIMETHYLBENZENE,1,2,4-	ND	0.0005	mg/L	EPA 524.2
108-67-8	TRIMETHYLBENZENE,1,3,5-	ND	0.0005	mg/L	EPA 524.2
75-01-4	VINYL CHLORIDE	ND	0.0005	mg/L	EPA 524.2
XYLMP-00-C	XYLENE,META-&PARA-	ND	0.0005	mg/L	EPA 524.2
95-47-6	XYLENE,ORTHO-	ND	0.0005	mg/L	EPA 524.2
1330-20-7	XYLENES (TOTAL)	ND	NA	mg/L	EPA 524.2
7439-97-6	MERCURY	ND	0.0001	mg/L	EPA 200.8
7440-02-0	NICKEL	ND	0.01	mg/L	EPA 200.8
14797-65-0	NITRITE AS N (AUTOMATED)	ND	0.05	mg/L	10-107-04-2-B
14797-55-8	NITRATE AS N (AUTOMATED)	ND	0.4	mg/L	10-107-04-2-B
7439-92-1	LEAD (TOTAL)	ND	0.001	mg/L	EPA 200.8
7440-36-0	ANTIMONY	ND	0.0006	mg/L	EPA 200.8
7782-49-2	SELENIUM (TOTAL)	ND	0.001	mg/L	EPA 200.8
14808-79-8	SULFATE (AUTOMATED)	21	10	mg/L	SM 4500 SO4E
7440-28-0	THALLIUM	ND	0.0002	mg/L	EPA 200.8

Laboratory Comments:

Matrix spike recovery was below the acceptance criteria due to the presence of residual chlorine in the sample. This does not affect the validity of the sample result.

By authority of PA 368 of 1978 as amended.

Print Date: Thu Oct 1 17:12:44 EDT 2015

Michigan Department of Environmental Quality

Replicate Laboratory Report for
Lansing Drinking Water Laboratory

Owner/Location Information:

CITY OF FLINT
4500 N DORT HWY
FLINT MI 48505

Sample Number: LLF52712

Sample/Collection Information:

WSSN:	02310	Site Code:	
County:	Genesee	Water Source:	Public Community Water Supply
Township:		Sample Reason:	Other
Section:		Sample Point:	Treated Public Distribution System
Well #:		Point Description:	PLANT TAP
Collection Date:	1/22/2015 10:00:00 AM	Collector:	Public Water Supply Operator
Arrival Date:	1/23/2015 8:37:00 AM	Collected By:	MIKE GLASGOW

CasNo	Analyte	Result	Detect	Units	Method
7440-38-2	ARSENIC (TOTAL)	ND	0.002	mg/L	EPA 200.8
7440-39-3	BARIUM	0.01	0.01	mg/L	EPA 200.8
7440-41-7	BERYLLIUM	ND	0.0004	mg/L	EPA 200.8
7440-43-9	CADMIUM (TOTAL)	ND	0.0003	mg/L	EPA 200.8
7440-47-3	CHROMIUM (TOTAL)	ND	0.01	mg/L	EPA 200.8
7439-97-6	MERCURY	ND	0.0001	mg/L	EPA 200.8
7440-02-0	NICKEL	ND	0.01	mg/L	EPA 200.8
7439-92-1	LEAD (TOTAL)	ND	0.001	mg/L	EPA 200.8
7440-36-0	ANTIMONY	ND	0.0006	mg/L	EPA 200.8
7782-49-2	SELENIUM (TOTAL)	0.001	0.001	mg/L	EPA 200.8
7440-28-					

0	THALLIUM	ND	0.0002	mg/L	EPA 200.8

Laboratory Comments:

By authority of PA 368 of 1978 as amended.

Print Date: Thu Oct 1 17:14:07 EDT 2015

Michigan Department of Environmental Quality

Replicate Laboratory Report for
Lansing Drinking Water Laboratory

Owner/Location Information:

CITY OF FLINT
CITY OF FLINT WATER PLANT
FLINT MI 48505

Sample Number: LLF31222

Sample/Collection Information:

WSSN:	02310	Site Code:	
County:	Genesee	Water Source:	Other
Township:		Sample Reason:	Other
Section:		Sample Point:	Other
Well #:		Point Description:	PLANT TAP
Collection Date:	8/6/2014 2:30:00 PM	Collector:	Public Water Supply Operator
Arrival Date:	8/6/2014 4:23:13 PM	Collected By:	MIKE GLASGOW

CasNo	Analyte	Result	Detect	Units	Method
16984-48-8	FLUORIDE (AUTOMATED)	0.70	0.1	mg/L	SM 4500 FC
7439-89-6	IRON	ND	0.1	mg/L	SM 3500 FeB
HARD-00-C	HARDNESS AS CaCO3	155	20	mg/L	SM 2340 C
7440-23-5	SODIUM	16	5	mg/L	SM 3500 NaB
7440-38-2	ARSENIC (TOTAL)	ND	0.002	mg/L	EPA 200.8
7440-39-3	BARIUM	0.03	0.01	mg/L	EPA 200.8
7440-41-7	BERYLLIUM	ND	0.0004	mg/L	EPA 200.8
7440-43-9	CADMIUM (TOTAL)	ND	0.0003	mg/L	EPA 200.8
7647-14-5	CHLORIDE (AUTOMATED)	61	4	mg/L	SM 4500-Cl E
7440-47-3	CHROMIUM (TOTAL)	ND	0.01	mg/L	EPA 200.8
93-76-5	2,4,5-T	ND	0.002	mg/L	EPA 515.4

93-72-1	2,4,5-TP (SILVEX)	ND	0.0003	mg/L	EPA 515.4
94-75-7	2,4-D	ND	0.002	mg/L	EPA 515.4
50594-66-6	ACIFLUORFEN	ND	0.004	mg/L	EPA 515.4
25057-89-0	BENTAZON	ND	0.002	mg/L	EPA 515.4
1918-00-9	DICAMBA	ND	0.002	mg/L	EPA 515.4
88-85-7	DINOSEB	ND	0.0003	mg/L	EPA 515.4
87-86-5	PENTACHLOROPHENOL	ND	0.00006	mg/L	EPA 515.4
1918-02-1	PICLORAM	ND	0.001	mg/L	EPA 515.4
1861-32-1	TOTAL DCPA, MONO & DI-ACID DEGRADATES	ND	0.001	mg/L	EPA 515.4
116-06-3	ALDICARB	ND	0.0005	mg/L	EPA 531.2
1646-88-4	ALDICARB SULFONE	ND	0.0005	mg/L	EPA 531.2
1646-87-3	ALDICARB SULFOXIDE	ND	0.0005	mg/L	EPA 531.2
63-25-2	CARBARYL	ND	0.001	mg/L	EPA 531.2
1563-66-2	CARBOFURAN	ND	0.0005	mg/L	EPA 531.2
16655-82-6	HYDROXYCARBOFURAN,3-	ND	0.001	mg/L	EPA 531.2
2032-65-7	METHIOCARB	ND	0.001	mg/L	EPA 531.2
16752-77-5	METHOMYL	ND	0.001	mg/L	EPA 531.2
23135-22-0	OXAMYL	ND	0.001	mg/L	EPA 531.2
114-26-1	PROPOXUR (BAYGON)	ND	0.001	mg/L	EPA 531.2
34256-82-1	ACETOCHLOR	ND	0.001	mg/L	EPA 525.2
15972-60-8	ALACHLOR	ND	0.0002	mg/L	EPA 525.2
309-00-2	ALDRIN	ND	0.0004	mg/L	EPA 525.2
1912-24-9	ATRAZINE	0.0003	0.0002	mg/L	EPA 525.2
5103-71-9	CHLORDANE, ALPHA-	ND	0.0002	mg/L	EPA 525.2
5103-74-2	CHLORDANE, GAMMA-	ND	0.0002	mg/L	EPA 525.2
72-54-8	DDD,4,4'-	ND	0.001	mg/L	EPA 525.2
72-55-9	DDE,4,4'-	ND	0.001	mg/L	EPA 525.2
50-29-3	DDT,4,4'-	ND	0.0005	mg/L	EPA 525.2

60-57-1	DIELDRIN	ND	0.0005	mg/L	EPA 525.2
72-20-8	ENDRIN	ND	0.0001	mg/L	EPA 525.2
7421-93-4	ENDRIN ALDEHYDE	ND	0.001	mg/L	EPA 525.2
76-44-8	HEPTACHLOR	ND	0.0002	mg/L	EPA 525.2
1024-57-3	HEPTACHLOR EPOXIDE	ND	0.0001	mg/L	EPA 525.2
118-74-1	HEXACHLOROBENZENE	ND	0.0001	mg/L	EPA 525.2
319-84-6	HEXACHLOROCYCLOHEXANE (ALPHA-BHC)	ND	0.001	mg/L	EPA 525.2
319-85-7	HEXACHLOROCYCLOHEXANE (BETA-BHC)	ND	0.001	mg/L	EPA 525.2
319-86-8	HEXACHLOROCYCLOHEXANE (DELTA-BHC)	ND	0.001	mg/L	EPA 525.2
77-47-4	HEXACHLOROCYCLOPENTADIENE	ND	0.0005	mg/L	EPA 525.2
58-89-9	LINDANE (GAMMA-BHC)	ND	0.0001	mg/L	EPA 525.2
72-43-5	METHOXYCHLOR	ND	0.0001	mg/L	EPA 525.2
51218-45-2	METOLACHLOR	ND	0.001	mg/L	EPA 525.2
21087-64-9	METRIBUZIN	ND	0.001	mg/L	EPA 525.2
2212-67-1	MOLINATE	ND	0.0005	mg/L	EPA 525.2
12674-11-2	PCB (AROCLOR 1016)	ND	0.0001	mg/L	EPA 525.2
11104-28-2	PCB (AROCLOR 1221)	ND	0.0001	mg/L	EPA 525.2
11141-16-5	PCB (AROCLOR 1232)	ND	0.0001	mg/L	EPA 525.2
53469-21-9	PCB (AROCLOR 1242)	ND	0.0001	mg/L	EPA 525.2
12672-29-6	PCB (AROCLOR 1248)	ND	0.0001	mg/L	EPA 525.2
11097-69-1	PCB (AROCLOR 1254)	ND	0.0001	mg/L	EPA 525.2
11096-82-5	PCB (AROCLOR 1260)	ND	0.0001	mg/L	EPA 525.2
59536-65-1	POLYBROMINATED BIPHENYLS	ND	0.0001	mg/L	EPA 525.2
122-34-9	SIMAZINE	ND	0.0002	mg/L	EPA 525.2
8001-35-2	TOXAPHENE	ND	0.001	mg/L	EPA 525.2
71-43-2	BENZENE	ND	0.0005	mg/L	EPA 524.2
108-86-1	BROMOBENZENE	ND	0.0005	mg/L	EPA 524.2
74-97-5	BROMOCHLOROMETHANE	ND	0.0005	mg/L	EPA 524.2

75-25-2	BROMOFORM	0.0018	0.0005	mg/L	EPA 524.2
74-83-9	BROMOMETHANE	ND	0.001	mg/L	EPA 524.2
104-51-8	BUTYLBENZENE,NORMAL-	ND	0.0005	mg/L	EPA 524.2
135-98-8	BUTYLBENZENE,SEC-	ND	0.0005	mg/L	EPA 524.2
98-06-6	BUTYLBENZENE,TERT-	ND	0.0005	mg/L	EPA 524.2
56-23-5	CARBON TETRACHLORIDE	ND	0.0005	mg/L	EPA 524.2
108-90-7	CHLOROBENZENE	ND	0.0005	mg/L	EPA 524.2
124-48-1	CHLORODIBROMOMETHANE	0.015	0.0005	mg/L	EPA 524.2
75-00-3	CHLOROETHANE	ND	0.0005	mg/L	EPA 524.2
67-66-3	CHLOROFORM	0.045	0.0005	mg/L	EPA 524.2
74-87-3	CHLOROMETHANE	ND	0.0005	mg/L	EPA 524.2
95-49-8	CHLOROTOLUENE,2-	ND	0.0005	mg/L	EPA 524.2
106-43-4	CHLOROTOLUENE,4-	ND	0.0005	mg/L	EPA 524.2
74-95-3	DIBROMOMETHANE	ND	0.0005	mg/L	EPA 524.2
95-50-1	DICHLOROBENZENE,1,2-	ND	0.0005	mg/L	EPA 524.2
541-73-1	DICHLOROBENZENE,1,3-	ND	0.0005	mg/L	EPA 524.2
106-46-7	DICHLOROBENZENE,1,4-	ND	0.0005	mg/L	EPA 524.2
75-27-4	DICHLOROBROMOMETHANE	0.024	0.0005	mg/L	EPA 524.2
75-71-8	DICHLORODIFLUOROMETHANE	ND	0.001	mg/L	EPA 524.2
75-34-3	DICHLOROETHANE,1,1-	ND	0.0005	mg/L	EPA 524.2
107-06-2	DICHLOROETHANE,1,2-	ND	0.0005	mg/L	EPA 524.2
75-35-4	DICHLOROETHYLENE,1,1-	ND	0.0005	mg/L	EPA 524.2
156-59-2	DICHLOROETHYLENE,1,2-CIS	ND	0.0005	mg/L	EPA 524.2
156-60-5	DICHLOROETHYLENE,1,2-TRANS	ND	0.0005	mg/L	EPA 524.2
78-87-5	DICHLOROPROPANE,1,2-	ND	0.0005	mg/L	EPA 524.2
142-28-9	DICHLOROPROPANE,1,3-	ND	0.0005	mg/L	EPA 524.2
594-20-7	DICHLOROPROPANE,2,2-	ND	0.0005	mg/L	EPA 524.2
563-58-6	DICHLOROPROPENE,1,1-	ND	0.0005	mg/L	EPA 524.2
10061-01-5	DICHLOROPROPENE,1,3-CIS	ND	0.0005	mg/L	EPA 524.2
10061-02-6	DICHLOROPROPENE,1,3-TRANS	ND	0.0005	mg/L	EPA 524.2
100-41-4	ETHYLBENZENE	ND	0.0005	mg/L	EPA 524.2
75-69-4	FLUOROTRICHLOROMETHANE	ND	0.001	mg/L	EPA 524.2
87-68-3	HEXACHLOROBUTADIENE	ND	0.0005	mg/L	EPA 524.2
98-82-8	ISOPROPYL BENZENE	ND	0.0005	mg/L	EPA 524.2
99-87-6	ISOPROPYL TOLUENE, PARA-	ND	0.0005	mg/L	EPA 524.2
78-93-3	METHYL ETHYL KETONE	ND	0.005	mg/L	EPA 524.2
108-10-1	METHYL ISOBUTYL KETONE	ND	0.005	mg/L	EPA 524.2
1634-04-4	METHYL TERT-BUTYL ETHER	ND	0.001	mg/L	EPA 524.2
75-09-2	METHYLENE CHLORIDE	ND	0.0006	mg/L	EPA 524.2

91-20-3	NAPHTHALENE	ND	0.0005	mg/L	EPA 524.2
98-95-3	NITROBENZENE	ND	0.01	mg/L	EPA 524.2
103-65-1	PROPYLBENZENE, NORMAL-	ND	0.0005	mg/L	EPA 524.2
100-42-5	STYRENE	ND	0.0005	mg/L	EPA 524.2
630-20-6	TETRACHLOROETHANE,1,1,1,2-	ND	0.0005	mg/L	EPA 524.2
79-34-5	TETRACHLOROETHANE,1,1,2,2-	ND	0.0005	mg/L	EPA 524.2
127-18-4	TETRACHLOROETHYLENE	ND	0.0005	mg/L	EPA 524.2
109-99-9	TETRAHYDROFURAN	ND	0.005	mg/L	EPA 524.2
108-88-3	TOLUENE	ND	0.0005	mg/L	EPA 524.2
TTHM-00-C	TOTAL TRIHALOMETHANES	0.086	NA	mg/L	EPA 524.2
87-61-6	TRICHLOROBENZENE,1,2,3-	ND	0.0005	mg/L	EPA 524.2
120-82-1	TRICHLOROBENZENE,1,2,4-	ND	0.0005	mg/L	EPA 524.2
71-55-6	TRICHLOROETHANE,1,1,1-	ND	0.0005	mg/L	EPA 524.2
79-00-5	TRICHLOROETHANE,1,1,2-	ND	0.0005	mg/L	EPA 524.2
79-01-6	TRICHLOROETHYLENE	ND	0.0005	mg/L	EPA 524.2
96-18-4	TRICHLOROPROPANE,1,2,3-	ND	0.0005	mg/L	EPA 524.2
95-63-6	TRIMETHYLBENZENE,1,2,4-	ND	0.0005	mg/L	EPA 524.2
108-67-8	TRIMETHYLBENZENE,1,3,5-	ND	0.0005	mg/L	EPA 524.2
75-01-4	VINYL CHLORIDE	ND	0.0004	mg/L	EPA 524.2
XYLMP-00-C	XYLENE,META-&PARA-	ND	0.0005	mg/L	EPA 524.2
95-47-6	XYLENE,ORTHO-	ND	0.0005	mg/L	EPA 524.2
1330-20-7	XYLENES (TOTAL)	ND	NA	mg/L	EPA 524.2
7439-97-6	MERCURY	ND	0.0001	mg/L	EPA 200.8
7440-02-0	NICKEL	ND	0.01	mg/L	EPA 200.8
14797-65-0	NITRITE AS N (AUTOMATED)	ND	0.05	mg/L	10-107-04-2-B
14797-55-8	NITRATE AS N (AUTOMATED)	0.5	0.4	mg/L	10-107-04-2-B
7439-92-1	LEAD (TOTAL)	ND	0.001	mg/L	EPA 200.8
7440-36-0	ANTIMONY	ND	0.0006	mg/L	EPA 200.8
7782-49-2	SELENIUM (TOTAL)	0.001	0.001	mg/L	EPA 200.8
14808-79-8	SULFATE (AUTOMATED)	23	10	mg/L	SM 4500 SO4E
7440-28-0	THALLIUM	ND	0.0002	mg/L	EPA 200.8

Laboratory Comments:

By authority of PA 368 of 1978 as amended.

Print Date: Thu Oct 1 17:15:37 EDT 2015

Wurfel, Brad (DEQ)

From: Benzie, Richard (DEQ)
Sent: Tuesday, September 29, 2015 3:20 PM
To: Dykema, Linda D. (DCH)
Cc: Busch, Stephen (DEQ); Philip, Kris (DEQ); Cook, Pat (DEQ); Shekter, Jean (DEQ); Shekter Smith, Liane (DEQ)
Subject: Lead Sampling Issues
Attachments: Preamble and Guidance on Excessive Stagnation.pdf; Lansing BWL briefing on invalidation for excessive stagnation.pdf

Linda,

Steve Busch asked me to provide you with any information that explains how and why the ODWMA arrived at our recommendations for sampling for lead at consumer taps as required by the Lead, Copper, Corrosion Control regulations (LCR).

Attached to this message are a couple of documents that were prepared over a decade ago that discuss excessive stagnation and sample invalidation under the LCR. They were prepared in response to questions from the Washington Post and other news media about invalidation of some samples collected in the Lansing Board of Water Light service area.

The first document is an internal memo that identifies language in the federal preamble to and in EPA guidance for the LCR that discuss the need to collect samples from homes that have experienced ***"typical residential water use during the day before the compliance sample is collected."***

The second document is a report prepared to explain why we "invalidated" samples for excessive stagnation in Lansing. It was in the aftermath of this event when EPA eliminated the ability of state programs to invalidate sample results based on excessive stagnation that led the Michigan Public Water Supply Program to develop a recommendation that communities advise residents participating in their compliance monitoring to flush the designated sampling tap 6 to 8 hours before sample collection (the night before in most cases) to ensure that this tap was not experiencing excessive periods of stagnation. We did not want subsequent regulatory requirements to be imposed based on water quality information that did not accurately reflect the regulatory intent. This briefing report also discusses the fact that the regulatory monitoring scheme was not intended to represent human intake, but was based upon sampling a statistically significant number of residences containing leaded plumbing materials ***as a measure of successful water treatment efficacy.***

If you have any questions, please contact me.

Richard

Richard Benzie, P.E., Chief
Field Operations Section
Office of Drinking Water and Municipal Assistance, MDEQ
517-284-6512

From: Jean Shekter
To: Kpm1177@aol.com; Kristen Philip; Pat Cook; Richard Benzie
Date: 10/6/2004 10:13:00 AM
Subject: Re: Maximum residence time

Summary

The EPA does not give specific guidance on standing times, but mentions it in the preamble of the 1991 rule and in their 1991 guidance manual. The **PREAMBLE** discusses a proposed 8-18 hour standing time and the controversy surrounding the 8 hours. The EPA settled on 6 hours, but did not discuss the upper limit further. The **GUIDANCE MANUAL** states that water use during the previous day should be typical of daily use when occupied. It also mentions 12 hours as excessively long in a parenthetical statement. Details below.

Details

Preamble: The preamble of the original lead and copper rule (56 FR 26460 dated June 7, 1991) states, "The 1988 proposal would have required systems to collect ...sample at a consumer's tap that has been standing in the interior plumbing for 8 to 18 hours and was collected without prior flushing" (page 26518, column 3, under 2. Sample Collection). However, "numerous commenters were critical of the 8 to 18 hour standing time requirement" (page 26520, column 1 under ii. Standing Time). The EPA responded with reducing the minimum standing time to 6 hours, but no longer addressed the maximum standing time. Later in the preamble, under the public notification and system reporting and recordkeeping requirements section, the EPA notes that the final rule settled on requiring systems to certify that the first draw sample stood motionless for least 6 hours with no further mention of the 18 hours (page 26531, column 1, under a. Tap Monitoring.)

Guidance Manual: The EPA mentions excessive standing times in their guidance manual. "First Draw Tap Samples: Samples can be collected any time as long as the water has stood undisturbed in the pipes for at least 6 hours. Water use during the day before sample collection should have been typical of its daily use when occupied. PWSs should request home owners to indicate when water had last been used in the house prior to sampling and the time that the sample was collected. Estimating the stagnation period may assist PWSs in data interpretation, especially when excessively long stagnation periods are encountered (more than 12 hours)." There is no further mention of excessively long stagnation period (page 4-14 of the Lead and Copper Rule Guidance Manual, Volume I: Monitoring, dated September 1991, Drinking Water Technology Branch, Drinking Water Standards Division, Office of Ground Water and Drinking Water.)

Lead and Copper Drinking Water Rule Implementation and Invalidation of Lead Analyses in 2001 by the DEQ For Lansing Board of Water and Light Samples

Background of the Lead/Copper Standard for Drinking Water

The U.S. EPA promulgated a treatment technique rule for control of lead and copper (Lead/Copper Rule or LCR) in drinking water in 1991. The purpose of this rule was to control the corrosive properties of drinking water to minimize the amount of lead and copper that would dissolve in the water and be transported to the customer. As such, the monitoring scheme was based upon sampling a statistically significant number of residences containing leaded plumbing materials as a measure of successful water treatment efficacy. The monitoring scheme was not intended to represent human intake, and health studies undertaken in recent years do not show a direct correlation between water sampling results and the blood lead concentrations measured in children.

Michigan began implementing the LCR in 1992 under a Memo of Understanding with EPA until 1994, when we promulgated state rules and were granted primary enforcement authority for these new federal regulations. The LCR was implemented in stages, beginning with the largest water systems (including Lansing) conducting lead and copper residential monitoring from targeted high risk sites in two consecutive six month periods.

The LCR was initially adopted over objections from all parts of the waterworks industry, including the state regulatory agencies, because it was considered to be technically and legally flawed by most industry professionals. After 14 years of implementation experience, that judgment has proven correct; some requirements have been declared unconstitutional, EPA had to issue a revised regulation in 2000, and states had to make several implementation adjustments to make it function successfully. Despite these shortcomings, DEQ compliance data show significant reductions in drinking water lead achieved through a combination of lead control initiatives: corrosion control treatment; removal of lead in plumbing systems and plumbing products; reduction of lead content in plumbing materials; lead service line replacements; revision of electrical grounding codes; and application of flushing principles by customers.

Lansing Board of Water & Light - Lead Sampling & Corrosion Control

The results of the two 6-month monitoring periods during 1992 revealed that the Lansing Board of Water and Light (BWL) complied with the action levels for lead and copper. These action levels require that 90 percent of the analyses be equal to or less than 0.015 milligrams per liter (mg/l) lead and 1.3 mg/l copper. The ninetieth percentile levels for lead from these two monitoring periods were 0.011 and 0.0113 mg/l, which met the action level but were not low enough to qualify as optimal corrosion control treatment. As a result, the BWL was required to conduct an evaluation of possible treatment methods to further reduce the corrosivity of their water. The LCR allowed large systems a period of 18 months

to complete this evaluation. In accordance with the regulation, the BWL submitted their evaluation in July of 1994 with a recommendation to add an orthophosphate compound. The state then had 6 months to review and approve this recommendation, which we did in December of 1994. Finally, large water systems had 2 years to complete the installation of the approved treatment method before resuming compliance monitoring.

Beginning in January of 1997, the BWL repeated the lead and copper tap monitoring in two consecutive six month periods to demonstrate the effectiveness of their newly installed optimal corrosion control treatment. The 90th percentile lead levels from these monitoring periods were 0.0076 and 0.0070 mg/l, which demonstrated they had achieved optimal corrosion control treatment. During the next six months, the DEQ established monitoring requirements and/or limits on pH, alkalinity, phosphate dosage and phosphate residuals that the BWL is required to meet in order to demonstrate optimal corrosion control treatment. Beginning in July of 1998, the BWL once again repeated lead and copper tap monitoring in two consecutive six month periods. The 90th percentile lead levels were even lower, at 0.0064 and 0.0055 mg/l. The BWL was then placed on an annual monitoring schedule for the next three years, beginning in 2000.

2001 Sampling & Sample Invalidation

In 2001, the BWL repeated their annual lead and copper tap monitoring. Once again, they requested participating residents to collect samples according to the instructions developed to meet the intent of the Lead and Copper Rule (LCR). Upon receiving the results of these 2001 analyses, the BWL noted several elevated lead levels from the same exact locations that had not previously reported high levels. The BWL contacted these residents to determine if anything unusual may have affected these results. They learned that one sample had been collected from a tap other than the kitchen or bathroom faucet, which does not comply with the sampling criteria established in the LCR. The BWL also learned through homeowner interviews that the results from the other three sites may have been impacted by greater periods of stagnation than specified in their sampling instructions. As a result, all four of these locations were resampled by trained staff of the BWL, this time adhering to the specified 6 to 8 hour stagnation period that represents typical overnight conditions. The results of this resampling were consistent with the historical results from these same locations, with all four results reporting levels below the action level of 0.015 mg/l.

At this point, the BWL contacted DEQ district staff by telephone to discuss the appropriate course of action. The LCR does not give specific guidance on standing times, but this subject is addressed in the preamble of the rule, and in a 1991 EPA guidance manual developed to assist states and water systems with implementation of this complex regulation. The preamble to the LCR discusses the original proposal from EPA that specified an 8-18 hour standing time and the public comments objecting to a minimum time of 8 hours. In the final rule, EPA specified a minimum standing time of 6 hours prior to a first draw sample, but did

not include an upper limit. EPA's 1991 Guidance Manual states that first draw tap samples can be collected any time as long as the water has stood undisturbed for at least 6 hours. It also states that water use during the day before sample collection should have been typical of daily use when occupied. The guidance goes further to suggest that public water systems should request home owners to indicate when water had last been used in the house prior to sampling and the time of sample collection. This information can be used to estimate the stagnation period, which may assist in data interpretation, especially when excessively long stagnation periods are encountered (which EPA guidance mentions as being "more than 12 hours").

The original 1991 LCR did not provide for sample invalidation. EPA recognized this omission and proposed criteria for invalidation in 1996, promulgated in 2000, in the revisions to the LCR that Michigan adopted in 2002. Prior to these revisions, invalidation requests had to be judged using the best practices developed by state drinking water program managers. Notably, the decision to consider invalidating samples where water use during the day before sample collection was not representative of typical household use was made by Michigan and other states long before this situation arose in the BWL. During the initial monitoring periods of the LCR in 1992 and 1993, several utilities reported high lead levels in samples collected from customer taps that were clearly not representative of EPA's first draw sample conditions.

Several notable instances involved the use of a vacant home by an owner who forgot to collect the first draw sample from her residence before any use, so she used the vacant rental unit next door. Another example involved a resident who could not fit the sampling unit under his kitchen tap (due to dirty dishes in the sink), so he used a faucet in a basement bathroom that had not been used for days and possibly weeks. As a result of these and other similar incidents, the drinking water program instituted a practice of reviewing and approving sample invalidation requests from water utilities when the state determined that excessive stagnation no longer represented "typical water use during the previous day" as recommended in EPA's guidance manual. The decision to invalidate results was made by district staff after consultation with the water system, the district supervisor and the Field Operations Section Chief of the former Drinking Water and Radiological Protection Division.

The revisions to the LCR adopted by Michigan in 2002 allow for sample invalidation for one of the following criteria: the laboratory determines that improper sample analysis caused erroneous results; the DEQ determines the sample was taken from a site that did not meet the site selection criteria; the sample was damaged in transit; or there is reason to believe the sample was subject to tampering. None of these options for invalidation had been adopted by the state at the time the BWL was faced with this issue, although federal criteria had just been adopted. Since 1991, in the absence of federal regulations that addressed the option of invalidation, state drinking water programs were exercising best professional judgment when faced with this dilemma. The decision to accept the BWL request was based on applying EPA's guidance on

first draw sample conditions that called for typical household use during the day prior to sample collection, and a desire to judge the sampling results on a complete set of valid samples.

As already stated, the BWL contacted their district engineer by telephone to discuss this situation and obtain DEQ concurrence. Michigan's drinking water program has a history of providing significant technical expertise and compliance assistance to the waterworks industry, and the LCR was no exception. We provide this technical assistance for all compliance monitoring programs at public water systems statewide specifically because we want valid data on which to judge compliance. This assistance assures that the public water system, the state regulatory agency and the general public can have confidence in the monitoring program and in the drinking water quality provided. When a water utility makes significant decisions to treat drinking water or make other necessary capital expenditures to comply with national drinking water standards, those decisions must be based upon valid data. The customers who pay all operating expenses for drinking water service should expect the water utility to use valid data.

Following the Washington Post article, Michigan contacted other Region V state drinking water programs to determine their practices with regard to LCR samples and excessive stagnation. Two responded. Illinois indicated they emphasize to public water systems the importance of providing residents with instructions to collect the first draw samples as soon after 6 hours of stagnation as possible, but they have not invalidated results solely on that basis. Wisconsin indicated that they too have encountered situations that clearly do not meet the intent of the regulation and guidance with regard to first draw sample collection procedures. Like us, Wisconsin has invalidated results that did not meet this intent.

Drinking Water Quality Monitoring

In all of our drinking water monitoring programs, there is an element of trust in assuming that samples will be collected in accordance with prescribed procedures. We spend considerable time training and certifying water utility personnel on proper sampling procedures, because important decisions on system operations and public health protection depend upon these procedures. **However, the LCR is the only drinking water monitoring program that requires the water supply system to rely upon untrained, nonprofessional sample collectors (residents) to provide compliance monitoring.** Despite the best efforts to instruct homeowners on proper sampling technique, problems continue to occur. As already noted, the original Lansing 2001 sample results were questioned and homes were resampled because the results were not consistent with past results. Further investigation determined that the sampling did not follow the BWL instructions, which are in agreement with DEQ recommendations. When the appropriate sampling procedure was followed during resampling of these four sites, the results confirmed that adherence to the recommended procedure resulted in lead levels consistent with historical data

from these homes, and illustrating that the samples in question were inappropriate. A copy of the BWL sampling instructions is attached.

The Washington Post article reported a disagreement between the BWL and a private resident over the validity of a sample taken over three years ago. Given the number of times that residents have been asked to sample since 1992, as well as the several months that pass between sample collection and the time the resident was contacted to discuss the sampling conditions, it is likely that recollections may have blurred. The BWL employee recalls a discussion that led him to believe that the resident probably had not used the water for 18 to 20 hours because she had filled containers the prior day and did not need to use the tap for that period of time. The DEQ cannot resolve this dispute. We have relied on the word of a certified waterworks operator who investigated and made the judgment.

Wurfel, Brad (DEQ)

From: Dykema, Linda D. (DCH)
Sent: Tuesday, September 29, 2015 3:30 PM
To: Benzie, Richard (DEQ)
Cc: Busch, Stephen (DEQ); Philip, Kris (DEQ); Cook, Pat (DEQ); Shekter, Jean (DEQ); Shekter Smith, Liane (DEQ)
Subject: RE: Lead Sampling Issues
Attachments: MMWR lead in DW.pdf

Thanks Richard. This is really helpful.

I've attached a 2012 MMWR from CDC suggesting that, in some cases, there is a relationship between lead levels in drinking water and elevated blood lead levels. Note that, in the conclusions, the authors make the same point that regulatory testing was not designed to evaluate human exposure levels.

From: Benzie, Richard (DEQ)
Sent: Tuesday, September 29, 2015 3:20 PM
To: Dykema, Linda D. (DCH)
Cc: Busch, Stephen (DEQ); Philip, Kris (DEQ); Cook, Pat (DEQ); Shekter, Jean (DEQ); Shekter Smith, Liane (DEQ)
Subject: Lead Sampling Issues

Linda,

Steve Busch asked me to provide you with any information that explains how and why the ODWMA arrived at our recommendations for sampling for lead at consumer taps as required by the Lead, Copper, Corrosion Control regulations (LCR).

Attached to this message are a couple of documents that were prepared over a decade ago that discuss excessive stagnation and sample invalidation under the LCR. They were prepared in response to questions from the Washington Post and other news media about invalidation of some samples collected in the Lansing Board of Water Light service area.

The first document is an internal memo that identifies language in the federal preamble to and in EPA guidance for the LCR that discuss the need to collect samples from homes that have experienced ***"typical residential water use during the day before the compliance sample is collected."***

The second document is a report prepared to explain why we "invalidated" samples for excessive stagnation in Lansing. It was in the aftermath of this event when EPA eliminated the ability of state programs to invalidate sample results based on excessive stagnation that led the Michigan Public Water Supply Program to develop a recommendation that communities advise residents participating in their compliance monitoring to flush the designated sampling tap 6 to 8 hours before sample collection (the night before in most cases) to ensure that this tap was not experiencing excessive periods of stagnation. We did not want subsequent regulatory requirements to be imposed based on water quality information that did not accurately reflect the regulatory intent. This briefing report also discusses the fact that the regulatory monitoring scheme was not intended to represent human intake, but was based upon sampling a statistically significant number of residences containing leaded plumbing materials ***as a measure of successful water treatment efficacy.***

If you have any questions, please contact me.

Richard

Richard Benzie, P.E., Chief
Field Operations Section
Office of Drinking Water and Municipal Assistance, MDEQ
517-284-6512

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Lead in Drinking Water and Human Blood Lead Levels in the United States

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

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Lead in Drinking Water and Human Blood Lead Levels in the United States

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Introduction

Lead is a pervasive environmental contaminant. The adverse health effects of lead exposure in children and adults are well documented, and no safe blood lead threshold in children has been identified. Lead can be ingested from various sources, including lead paint and house dust contaminated by lead paint, as well as soil, drinking water, and food. The concentration of lead, total amount of lead consumed, and duration of lead exposure influence the severity of health effects. Because lead accumulates in the body, all sources of lead should be controlled or eliminated to prevent childhood lead poisoning. Beginning in the 1970s, lead concentrations in air, tap water, food, dust, and soil began to be substantially reduced, resulting in significantly reduced blood lead levels (BLLs) in children throughout the United States. However, children are still being exposed to lead, and many of these children live in housing built before the 1978 ban on lead-based residential paint. These homes might contain lead paint hazards, as well as drinking water service lines made from lead, lead solder, or plumbing materials that contain lead. Adequate corrosion control reduces the leaching of lead plumbing components or solder into drinking water. The majority of public water utilities are in compliance with the Safe Drinking Water Act Lead and Copper Rule (LCR) of 1991. However, some children are still exposed to lead in drinking water. EPA is reviewing LCR, and additional changes to the rule are expected that will further protect public health. Childhood lead poisoning prevention programs should be made aware of the results of local public water system lead monitoring measurement under LCR and consider drinking water as a potential cause of increased BLLs, especially when other sources of lead exposure are not identified.

This review describes a selection of peer-reviewed publications on childhood lead poisoning, sources of lead exposure for adults and children, particularly children aged <6 years, and LCR. What is known and unknown about tap water as a source of lead exposure is summarized, and ways that children might be exposed to lead in drinking water are identified. This report does not provide a comprehensive review of the current scientific literature but builds on other comprehensive reviews, including the *Toxicological Profile for Lead* and the 2005 CDC statement *Preventing Lead Poisoning Among Young Children* (*1*,*2*). When investigating cases of children with BLLs at or above the reference value established as the 97.5 percentile of the distribution of BLLs in U.S. children aged 1–5 years, drinking water should be considered as a source. The recent recommendations from the CDC Advisory Committee on Childhood Lead Poisoning Prevention to reduce or eliminate lead sources for children before they are exposed underscore the need to reduce lead concentrations in drinking water as much as possible (*3*).

Background

Lead is a relatively corrosion-resistant, dense, ductile, and malleable metal that has been used by humans for at least 5,000 years. During this time, lead production has increased from an estimated 10 tons per year to 1,000,000 tons per year, accompanying population and economic growth (*4*). The estimated average BLL for Native Americans before European settlement in the Americas was calculated as 0.016 μg/dL (*5*). During 1999–2004, the estimated average BLL was 1.9 μg/dL for the noninstitutionalized population aged 1–5 years in the United States (*6*), approximately 100 times higher than ancient background levels, indicating that substantial sources of lead exposure exist in the environment.

BLLs of U.S. children increased sharply during 1900–1975 as increased lead use and emissions caused widespread environmental contamination across the United States. Changes in federal laws to limit the use and emissions of lead have reversed this trend. Effective regulations include reducing or eliminating lead from gasoline for on-road vehicles, foods and food packaging, house paint, water pipes, plumbing fixtures, and solder used in plumbing and drink cans.

Effects of Lead Exposure

Effects on Children

The health consequences of lead exposure depend on the cumulative dose of lead and vulnerability of the individual

person rather than the environmental media (i.e., food, water, soil, dust, or air) in which the lead exists. Compelling evidence has established the cognitive effects of childhood lead exposure since they were first described in 1943 (*7*). To date, no safe blood lead threshold for the adverse effects of lead on infant or child neurodevelopment has been identified (*2*). Recent evidence suggests that the dose-effect relationship might be supralinear, with a steeper dose response and potential risk for an adverse health effect such as IQ loss at BLLs <10 μg/dL compared with BLLs ≥10 μg/dL (*8–10*). The developing fetus and child are more sensitive to lead exposure than adults because of the immaturity of the blood-brain barrier, increased gastrointestinal absorption, and hand-to-mouth behaviors, all of which increase exposure (*11*). Comorbidities such as iron deficiency also can enhance lead absorption.

Evidence from several prospective studies suggests that the adverse effects of early childhood exposure on neurodevelopment persist into the second decade of life (*12–16*). The mechanisms by which low levels of lead exposure might adversely affect neurobehavioral development remain uncertain, although experimental data support the involvement of many physiological pathways.

Effects on Adults

Overall. Adults with occupational exposure to lead report more colds and influenza and exhibit suppressed secretory immunoglobulin A (IgA) levels, demonstrating lead-induced suppression of humoral immunity (*17*). Adults with occupational exposure also might have neurotoxic effects, including peripheral neuropathy. Motor nerve dysfunction can occur at BLLs as low as 40 μg/dL (*18*). Lead also is nephrotoxic and can cause progressive nephron loss leading to renal failure, gout, and hypertension. In a meta-analysis of the relationship between BLL and blood pressure, a small but statistically significant association between increased BLL and increased blood pressure was identified (*19*). BLLs ≥40 μg/dL have been associated with increased risk for cardiovascular, cancer, and all-cause mortality in several epidemiological studies. These effects might not be limited to adults with the long-term, high-dose exposure common in occupational settings. A study of approximately 13,000 adult participants in the third National Health and Nutrition Examination Survey (NHANES) with 12 years of follow-up found that adults in the highest tertile of BLL (≥3.6 μg/dL) were at increased risk for all-cause mortality and cardiovascular mortality but not for cancer mortality compared with those in the lowest tertile of BLL (<1.9 μg/dL) (*20*).

Reproductive and Prenatal Effects. Lead exposure remains a concern for pregnant and lactating women, particularly those who have an occupational exposure to lead, who are recent immigrants, who are engaged in home renovations, or who have pica. Prenatal lead exposure resulting in maternal BLLs <10 μg/dL has measurable adverse effects on maternal and infant health, such as fertility, hypertension, and infant neurodevelopment (*21*). In addition, because lead persists in bone for decades, as bone stores are mobilized to meet the increased calcium needs of pregnancy and lactation, women and their infants might be exposed to lead long after external sources have been removed (*22*). Adverse reproductive effects are not limited to women. In males with occupational lead exposure, abnormal sperm morphology and decreased sperm count have been observed at BLLs <40 μg/dL (*23*).

Carcinogenic Effects

Based on limited evidence from studies in humans and sufficient evidence from animal studies, the U.S. Department of Health and Human Services (HHS) has determined that lead and lead compounds are reasonably anticipated to be human carcinogens, and the U.S. Environmental Protection Agency (EPA) has determined that lead is a probable human carcinogen. The International Agency for Research on Cancer also has determined that inorganic lead is likely carcinogenic in humans (*1*).

Scope of Public Health Concern

In 2004, 143,000 deaths and a loss of 8,977,000 disease-adjusted life years were attributed to lead exposure worldwide, primarily from lead-associated adult cardiovascular disease and mild intellectual disability in children (*24*). Children represent approximately 80% of the disease impact attributed to lead, with an estimated 600,000 new cases of childhood intellectual disabilities resulting from BLLs ≥10 μg/dL each year (*25*).

In 1987, one study estimated that reducing water lead levels to below the maximum contaminant level for lead (which was 20 parts per billion [ppb] during 1986–1991) would save nearly $400 million per year (1985 dollars) (*26*). Although estimates of the reductions in lead concentrations for various media, air, dust, soil, and water are unavailable, reductions in BLLs were observed for each subsequent cohort of children aged 2 years who were not exposed to lead at the concentrations experienced by the cohort of children aged 2 years in 1976. As a result of the overall reduction of lead in the environment, including fuel, house paint, and drinking water, there was an estimated decrease in BLLs of 15.1 μg/dL and a related estimated economic benefit of $110–$300 million in earnings for children born after 1976 who were not exposed to high levels of lead (*27*). A recent cost-benefit analysis suggested that for every dollar spent to reduce lead hazards, $17–$220 is saved. This cost-benefit ratio compares favorably to that of other public health interventions such as vaccines (*28*).

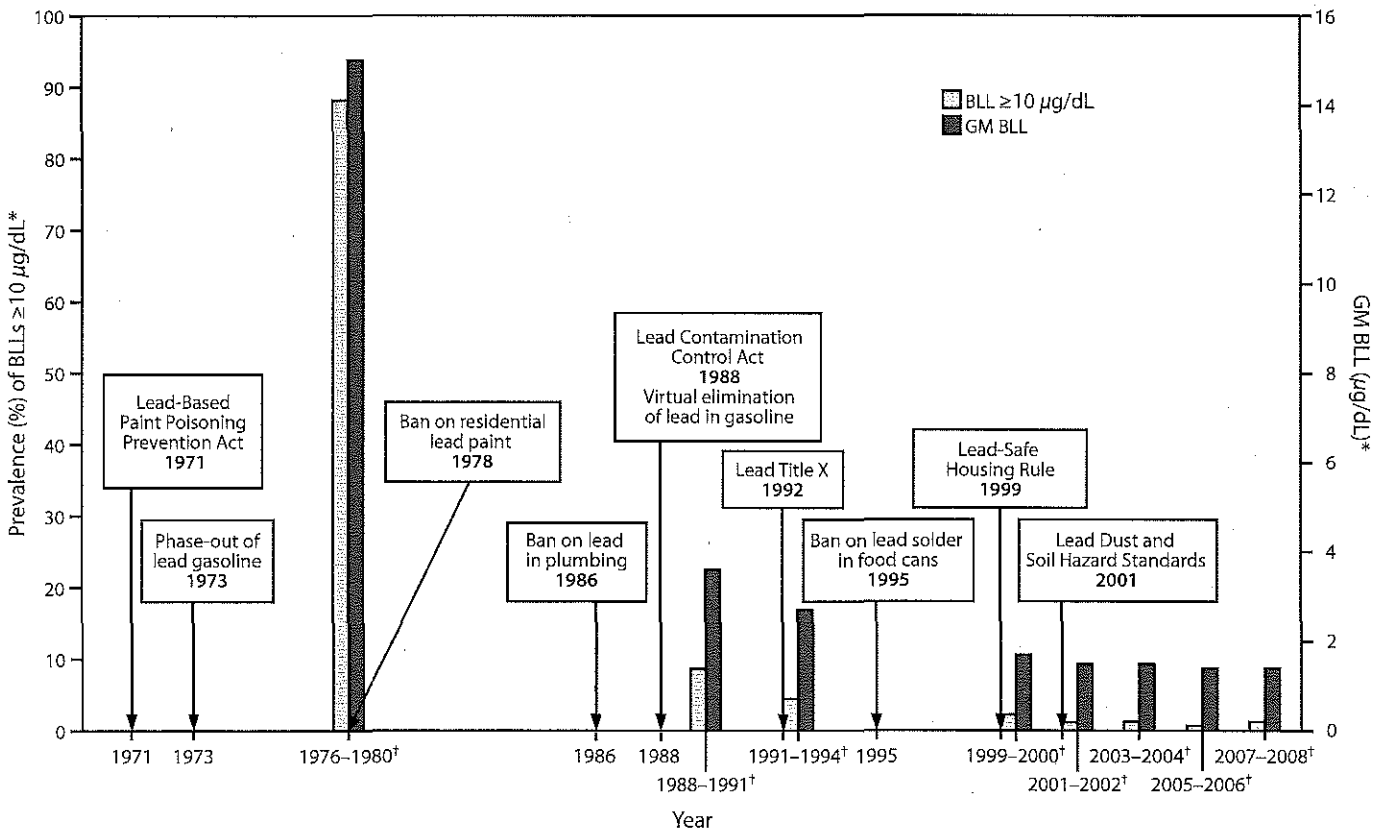
Historical Trends in Blood Lead Levels

Since the 1970s, NHANES data have been used to track BLLs for the noninstitutionalized U.S. population (Figure). In 1978, approximately 13.5 million children aged 1–5 years had BLLs ≥10 μg/dL, which is generally considered the threshold for housing inspection, health education, and home visits (i.e., case management) by local and state public health agencies. By 2007–2008, this number had decreased to approximately 250,000 (*29*). In addition, in the early NHANES data from the 1970s and 1980s, 12% of black children had BLLs ≥30 μg/dL, compared with 2% of their counterparts who were white. Children living in low-income families also were at greater risk for BLLs ≥30 μg/dL (10% of children in households earning <$6,000 per year compared with 1.2% living in households earning >$15,000 per year) (*30*). By the 1999–2004 surveys, the percent differences in BLLs ≥10 μg/dL for children aged 1–5 years, by race and family income, were no longer statistically significant, a trend that continues today at levels ≥10 μg/dL, demonstrating the impact of policies at the federal, state, and local levels (*6*).

In the 1991–1994 NHANES, the overall prevalence of BLLs ≥10 μg/dL was 2.2% but decreased to 0.7% by the 1999–2002 survey. Overall, the geometric mean (GM) decreased significantly ($p<0.05$; two-tailed t-test) from 2.3 μg/dL to 1.6 μg/dL during the same time period. Among children aged 6–12 years, boys had significantly higher GM BLLs than girls in all age, racial, and income groups (*6*).

Despite the considerable progress in decreasing BLLs, children aged <6 years continue to be exposed to lead. Although disparities among various subpopulations of children with

FIGURE. Timeline of lead poisoning prevention policies and blood lead levels in children aged 1–5 years, by year — National Health and Nutrition Examination Survey, United States, 1971–2008



Abbreviations: BLL = blood lead level; GM = geometric mean; NHANES = National Health and Nutrition Examination Survey.

Sources: Mahaffey KR, Annest JL, Roberts J, Murphy MS. National estimates of blood lead levels: United States (1976–1980). N Engl J Med 1982;307:573–9. Jones R, Homa D, Meyer P, et al. Trends in blood lead levels and blood lead testing among U.S. children aged 1 to 5 years: 1998–2004. Pediatrics 2009;123:e376-85. National Health and Nutrition Examination Survey, 2000–2008. Available at http://www.cdc.gov/nchs/nhanes.htm. Accessed July 17, 2012.

* National estimates for GM BLLs and prevalence of BLLs ≥10 μg/dL, by NHANES survey period and sample size of children aged 1–5 years: 1976–1980: N = 2,372; 1988–1991: N = 2,232; 1991–1994: N = 2,392; 1999–2000: N = 723; 2001–2002: N = 898; 2003–2004: N = 911; 2005–2006: N = 968; 2007–2008: N = 817.

† NHANES survey period.

BLLs ≥10 μg/dL are no longer significant, disparities in risk for exposure have persisted over time. In addition, mean BLLs continue to be higher for children from low-income families, non-Hispanic black children, and children living in older housing (i.e., built before 1950) (*6*). For example, the mean BLL for non-Hispanic black children (1.9 μg/dL) was significantly higher (36%) than that of white children (1.4 μg/dL) during 2007–2008.

Although the decrease in GM BLLs in women aged 20–59 years from 1.8 μg/dL in 1988–1994 to 1.2 in 1999–2002 was similar to that seen in children, in utero exposure is also a substantial public health issue for certain populations, particularly new immigrants (*31–33*). In a 2003 study conducted in New York City, New York, BLLs ≥5 μg/dL were more prevalent among pregnant women who were born outside the United States than pregnant women born in the United States (odds ratio = 8.2, 95% confidence interval = 3.8–17.3) (*34*).

Lead in the Environments of Children

A review of the sources of lead in the environments of U.S. children discusses the contributions of various lead-contaminated media to BLLs in children (*35*). Deteriorating lead paint and lead in house dust and soil are the primary, and often the most concentrated, sources of lead. However, lead paint contamination is not the only source of exposure for U.S. children.

Lead is used in thousands of applications, each constituting a potential exposure source (*36*). Case reports from local and state lead programs indicate that up to 30% of children with BLLs ≥10 μg/dL do not have an immediate lead paint hazard. For example, in 2004 in Arizona, lead-contaminated soil was the most commonly identified proximate exposure source, accounting for approximately 24% of increased BLLs in children, followed by paint (17%), folk remedies and pottery (17%), dust (15%), and miscellaneous other sources (19%). In 8% of cases, no lead hazard was identified (*37*).

In field investigations, nonpaint lead exposure sources might be insufficiently characterized and their importance underestimated. Lead program inspectors look for lead paint hazards in places where children with BLLs ≥10 μg/dL spend time. Often, lead exposure sources other than paint are sought only when no lead paint hazards are found. Of 35 CDC-funded childhood lead poisoning prevention programs, only 15 reported that they routinely tested lead levels in water in homes where children have increased BLLs (CDC, unpublished data, 2009). Thus, for some children with BLLs ≥10 μg/dL, important nonpaint sources such as water might not be identified.

Evidence also suggests that for children with BLLs 5–9 μg/dL, no single source of exposure predominates. For these children, the contribution of multiple sources, including drinking water, seems likely, particularly for children who do not have well-established risk factors such as living in old housing or having a parent who is exposed to lead at work (*38*). CDC and its Advisory Committee on Childhood Lead Poisoning Prevention concur that primary prevention of lead exposure is essential to reducing high BLLs in children and that reducing water lead levels is an important step in achieving this goal.

Lead in Drinking Water

Lead is unlikely to be present in source water unless a specific source of contamination exists. However, lead has long been used in the plumbing materials and solder that are in contact with drinking water as it is transported from its source into homes. Lead leaches into tap water through the corrosion of plumbing materials that contain lead (*26,39*). The greater the concentration of lead in drinking water and the greater amount of lead-contaminated drinking water consumed, the greater the exposure to lead. In children, lead in drinking water has been associated both with BLLs ≥10 μg/dL (*40,41*) as well as levels that are higher than the U.S. GM level for children (1.4 μg/dL) but are <10 μg/dL (*42–44*)

History of Studies on Lead in Water

In 1793, the Duke of Württemberg, Germany, warned against the use of lead in drinking water pipes, and in 1878, lead pipes were outlawed in the area as a result of concerns about the adverse health effects of lead in water (*45*). In the United States, the adverse health consequences of lead-contaminated water were recognized as early as 1845 (*46*). A survey conducted in 1924 in the United States indicated that lead service lines were more prevalent in New England, the Midwest, Montana, New York, Oklahoma, and Texas (*47*). A nationwide survey conducted in 1990 indicated that 3.3 million lead service lines were in use, and the areas where they were most likely to be used were, again, the midwestern and northeastern regions of the United States. This survey also estimated that approximately 61,000 lead service lines had been removed through voluntary programs during the previous 10 years (*48*).

Research on exposure to lead in water increased as concern about the topic increased, and efforts were made to establish a level of lead in water that, at the time of the studies, was considered acceptable. A 1972 study in Edinburgh, Scotland, obtained 949 first-flush water samples (i.e., samples of water from the tap that have been standing in the plumbing pipes for at least 6 hours)

matched with 949 BLLs, as well as 205 running water samples matched to 205 BLLs (*49*). No dose-response relationship could be determined when comparing BLLs with four levels of lead in both first-flush water and in running water (<0.24 μmol/L; 0.24–0.47 μmol/L; 0.48–1.43 μmol/l; and ≥1.44 μmol/L). The study concluded that the findings challenged whether it was necessary to lower the water lead concentration to <100 ppb, which at that time was the acceptable concentration established by the World Health Organization. However, the study also reported that low levels of environmental lead exposure could have adverse health effects; therefore, knowing the degree of lead exposure from household water relative to other sources is important. Another study, in 1976, of 129 randomly selected homes in Caernarvonshire, England, reported a similar finding (*50*), describing the relationship between blood and water lead as slight.

Comparing studies on the relationship between BLLs and lead levels in water are difficult given that the age of study participants, water sample collection methods, and duration of the exposure to high water lead levels vary considerably across studies. Quantifying the contribution of lead in water to BLLs in children can be particularly challenging because of the difficulty of collecting valid, reliable, and reproducible water lead samples. Relatively small fluctuations in factors such as temperature, pH alkalinity, and dissolved solids affect the solubility of lead (*51*). In addition, intake estimation is difficult because of the incomplete understanding of individual children's water intake patterns. Nonetheless, during the 1900s, an association between blood and water lead levels continued to be reported, particularly in sensitive populations such as pregnant women and children. For example, in the Glasgow Duplicate Diet Study, the correlation coefficient between infant BLLs at age 3 months and composite water samples was 0.59 (*52*). In a study of the association between children's BLLs and water lead levels, with a convenience sample of 320 households, water lead levels explained as much as 12% of the variance in BLLs (*53*). BLLs also were shown to decrease when lead lines were completely replaced. In one study comparing water lead levels in housing of low-income persons before and after lead service lines were replaced, water lead levels decreased by 50% in the 3 months after total replacement of lead pipes from the distribution systems (*54*).

In the 1983 British Regional Heart Study, the BLLs of 7,378 men in 24 British towns were evaluated (*55*). All men were categorized based on lead concentration in domestic water, water hardness, and alcohol and cigarette consumption. The findings indicated that when first-draw home tap water measured 100 ppb, BLLs of the men were 1.00 μmol/L, compared with 0.7 μmol/L in men with home tap water that contained undetectable lead levels. The study recommended that lead in water be given greater priority than in the past in any national campaign to reduce lead exposure. In a follow-up study in Glasgow, Scotland, tap water lead concentrations and maternal BLLs from 1981 were compared with water and BLLs from 1993 (*56*). In 1993, 17% of 1,812 homes had daytime, first-draw lead levels in 1 L of water that were ≥10 ppb, compared with 49% of 131 homes enrolled in a survey in 1981. Maternal BLLs decreased by 31% during the same period (11.9 μg/dL in 1981 vs. 3.7 μg/dL in 1993). Despite this decrease, the study reported that even the reduced levels of lead in tap water might have presented a risk for bottle-fed infants.

The lead studies discussed above exclusively assessed lead in water, and tap water was the only source considered as the cause of the increased BLL. One landmark U.S. observational study conducted during the 1990s studied 183 urban children aged 12–31 months (37%, 12–18 months; 31%, 18–24 months; 33%, 24–31 months) (*57*). Of these children, 63% had BLLs <10 μg/dL, 20% had BLLs of 10–14 μg/dL, 8% had BLLs of 15–19 μg/dL, and 3% had BLLs ≥20 μg/dL. The study evaluated lead in home foundation perimeter soils, potable water, paint, and house dust. Lead-contaminated house dust was the major contributor to BLLs ≥10 μg/dL. However, the study reported that although lead-contaminated water had a statistically significant effect on children's BLLs after adjusting for other sources of lead exposure, no statistically significant contribution for drinking water could be discerned at levels below the current EPA action level of 15 ppb (*57*). Lead dust as a primary source of lead for children with increased BLLs was further demonstrated in a subsequent pooled analysis of 12 studies; floor dust lead levels as low as 5 μg/ft^2 were associated with 5% of enrolled children having a BLL ≥10 μg/dL (*58*).

LCR and Control Measures

In 1991, EPA promulgated LCR. LCR sets an action level of 15 ppb of lead in 1 L of first-draw water taken after the water has been standing in the pipes for at least 6 hours. LCR also establishes a nonenforceable maximum contaminant level goal (MCLG) of 0, the level of lead in drinking water at which no adverse health effects are likely to occur. However, EPA has determined that MCLG is not feasible because many sources of lead in water are not under the control of public drinking water suppliers (i.e., water utilities). LCR requires water utilities to monitor lead in drinking water from a sample of customer taps in homes with plumbing materials that contain lead and copper. If >10% of the samples collected from a water utility serving <50,000 residents exceeds the lead action level, the utility must identify and install optimal corrosion control treatment. Utilities serving ≥50,000 residents are required to have optimal corrosion control treatment regardless of level

of lead in drinking water. Any size water utility exceeding the lead action level and covered by LCR is required to educate the public about lead in drinking water until water levels are below the lead action level. Utilities that exceed the action level must distribute public education materials on lead to customers and organizations that serve consumers with populations at high risk for adverse health effects from lead (e.g., schools, pediatricians, and child-care centers). The public education materials must include information about the health effects of lead, sources of lead, and steps persons can take to reduce their exposure to lead.

LCR requires that additional action be taken when a water utility with lead service lines and optimized corrosion control treatment still exceeds the action level in >10% of samples collected. In addition to public education, these utility companies also are responsible for replacing the portion of the lead service lines (the line connecting a house to the water distribution system) that the utility company owns. Utility companies must offer to replace the section of line owned by the customer (the section from the water meter into the house). However, the utility company is not required to bear the cost of replacing the privately owned portion of the line. When a customer does not agree to replacement of the privately owned portion of the line, the utility company must notify the residents at least 45 days in advance that they might experience a temporary increase in water lead levels as the portion of the service line owned by the utility company is replaced and must provide guidance on measures to minimize their exposure to lead. A utility company also must collect a water sample within 72 hours after completion of the partial replacement, test the sample for lead, and notify the customer of the results.

Most U.S. drinking water systems are in compliance with LCR. In 2004, the Congressional Research Service reported that an EPA review of its water monitoring data conducted during 2000–2003 did not find a systemic problem of increased lead levels among water systems. For systems that serve >50,000 persons, 27 (3.6%) of these systems exceeded the action level of 15 ppb at least once in the time period. For systems that served 3,300–50,000 people, 237 (3.4%) exceeded the action level at least once since 2000 (*59*). However, lead service lines remain in use in neighborhoods in many cities. These pipes range in age from those installed during the late 1800s through 1986, although the preponderance of lead service line installations occurred before World War II.

Changes in water treatment and disinfection practices can substantially undermine lead corrosion control (*60*). In the mid-1990s in the District of Columbia (DC), high levels of free chlorine were used to decrease coliform bacteria in water, a process that inadvertently changed the type of lead mineral coating in the water lines to one with very low solubility in the background pH of the DC drinking water. When the free chlorine was replaced with chloramines, the transformed highly insoluble lead scale minerals were no longer stable and dissolved. Therefore, a substantial level of lead was released from the lead service lines into drinking water at the tap (*61*). CDC reviewed the relationship between BLLs in children, the presence of a lead service line, and water disinfection practices in DC during 1998–2006 (*62*). The study reported that the presence of a lead service line was associated with higher BLLs in children. This relationship was most pronounced during 2001 through June 2004, when chloramines were used to disinfect the drinking water without adequate corrosion control (*62*). An observational study in which the BLLs of children were matched to population-based data of water lead levels during periods when water disinfection practices changed in DC concluded that the increase in water lead levels was associated with an increase in the BLLs of children (*63*). In a study in Wayne County, North Carolina, a unified geographic information system was used to link BLLs with water service lines made with or without lead. The use of chloramines in water predicted higher water lead levels and BLLs, controlling for well-established, known predictors of BLL (*44*).

Partial replacement of lead service lines might not effectively decrease the increased BLLs associated with lead service lines, as shown by one observational study in DC during July 2004–December 2006 that assessed the BLLs and type of water service line (*62*). Compared with children who had never had a lead service line, children having had a partial lead pipe replacement were at increased risk for increased BLLs, and BLLs of children with partial lead pipe replacement were not lower than those of children who lived in housing with a complete lead service line.

Water from systems that serve <25 persons and water from private drinking water wells is not regulated under the Safe Drinking Water Act, so LCR does not apply to these water sources, and they are not routinely tested for lead. Approximately 40–45 million people in the United States drink water that is not subject to the LCR regulations (*64*). The number of homes supplied by private wells or sources that serve <25 persons that have leaded plumbing, fixtures, or solder is unknown, as is the number of such homes that would benefit from appropriate corrosion control or water filtration at the point of use.

Since 1991, when LCR was finalized and enforced, tap water lead levels have substantially decreased (*65*). However, conditions still exist that could allow children to be exposed to water lead levels ≥15 ppb. Drinking water from systems with lead service lines that do not have optimized corrosion control might not be in compliance with LCR, which can result in this level of lead exposure. A system with lead service lines that is in compliance

with LCR can still expose children to lead levels ≥15 ppb because LCR permits ≤10% of sampled homes to exceed the action level of 15 ppb. Optimized corrosion control also might not completely prevent lead in plumbing materials from dissolving into drinking water. Persons who drink water from these sources might be exposed to lead levels >15 ppb.

Conclusion

Although EPA has the primary responsibility for ensuring the safety of drinking water, state and local childhood lead poisoning prevention programs are important partners in ensuring that the public is protected from lead exposure. These programs promote blood lead screening, conduct blood lead surveillance, provide clinician and public education and outreach, and provide case management for children with elevated BLLs. Because children with elevated BLLs might be exposed to many sources of lead, all sources of lead should be considered when their homes are inspected. Childhood lead poisoning prevention programs can obtain data on lead in public drinking water systems from the water suppliers (*66*). Drinking water in older housing should be tested as a source of lead exposure when the local drinking water system is not in compliance with LCR or when another source of lead exposure cannot be identified for children with high BLLs (*67*).

Data are not available to address certain issues regarding lead in drinking water. The effect of water lead levels on BLLs of children and other populations at risk for adverse effects is difficult to measure. Current water sampling protocols were designed to assess the adequacy of water treatment, not the level of human exposure to lead. Important fluctuations in water lead levels might be missed because of limitations inherent in sampling protocols developed for regulatory purposes. Future research efforts could validate the accuracy of sampling protocols for identifying fluctuations of lead concentrations, predicting exposure to lead at the individual level, and determining how best to measure lead concentrations in multifamily versus single-family homes, child-care centers, and school settings. As new alternatives to lead in plumbing are developed, they should be evaluated before being marketed. More research, surveillance, and intervention studies also are needed to determine the most effective ways to reduce the lead concentration of drinking water to meet the goal of eliminating high BLLs in children.

Childhood lead poisoning prevention programs routinely provide information on practices that minimize exposure to lead in water. This information can be updated with additional materials promoting lead-safe plumbing practices. Training curricula for lead exposure assessment protocols and case-management guidelines for children with elevated BLLs should incorporate lead-safe water and plumbing information. Appropriate risk communication materials for water customers that are accurate and reflect specific language and cultural factors might be beneficial.

Partial lead service line replacement has been associated with short-term increases in lead levels in drinking water (*65*) and has not been found to decrease risk for BLLs ≥5 μg/dL in children (*62*). These findings imply that the practice of partially replacing lead service lines as a method to comply with LCR should be reconsidered. One alternative is full replacement of lead service lines, regardless of whether the lead service line is owned by the water authority or the property owner. Lower BLLs could be achieved if plumbing components contained the lowest possible levels of lead and monitoring and enforcement activities were effective. Finally, information about lead in plumbing components, often available in tax assessor data, could be incorporated into information routinely provided to homebuyers or renters before they make the decision to buy or rent a property.

Since 1970, considerable reductions in lead concentrations have occurred in air, tap water, food, dust, and soil, which significantly reduced the BLLs of children throughout the United States. However, children are still being exposed to lead, and no safe blood lead threshold for children has been identified.

All sources of lead in the environments of children should be controlled or eliminated (*2*). For the many children living in housing built before 1978, lead sources include lead paint hazards as well as lead in plumbing components and fixtures. Children can still be exposed to tap water with lead levels of ≥15 ppb if they live in older homes that are more likely to have lead water pipes or fixtures. To prevent lead exposure from tap water, persons involved with childhood lead poisoning prevention programs should be familiar with communities having buildings at high risk for lead and monitor whether local water providers are in compliance with LCR (*66*). EPA is currently reviewing LCR, which provides an opportunity for continued collaboration between EPA and CDC that focuses on reducing the public health consequences of exposure to lead in water.

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DRAFT 9/17/2015

City of Flint Water System Background

Water Service Land Area 34 square miles
550+ miles of public water mains
250+ miles of water mains 75+ years old
70% of public water mains are unlined cast iron pipe
Service population 99,763
Service connections 32,900
Flint Water System established in 1883
Flint Water Treatment Plant #2 completed in 1954
Connection to Detroit Water and Sewerage Department 1967
Flint Water Treatment Plant #2 rehabilitated 1999 – 2005

City of Flint Timeline

April 2013 – Flint notifies DWSD of contract discontinuation and joins the Karegnondi Water Authority
April 2013 – DWSD sets termination of Flint water service contract to April 17, 2014
June 2013 – Karegnondi Water Authority groundbreaking
June 2013 – Flint notifies DEQ of intent to use of Flint Water Treatment Plant full time with Flint River
May 2014 – Flint stops purchasing DWSD water. Starts using the City of Flint WTP and Flint River
August 2014 – Flint E.Coli Bacteria violation, Partial System Boil Water Advisory
August 2014 – Disinfection Byproducts, DEQ requests preemptive Operational Evaluation
September 2014 – Flint Total Coliform Bacteria violation, Partial System Boil Water Advisory
November 2014 – Disinfection Byproducts violation begins
January 2015 – 1st 6 month lead and copper sampling completed 100 samples, 90th% = 6 ppb
July 2015 – 2nd 6 month lead and copper sampling completed 69 samples, 90th% = 11 ppb
August 2015 – Disinfection Byproducts return to compliance
August 2015 – Flint required by DEQ to recommend and install Optimized Corrosion Control Treatment

January 2016 – Flint plans to have Optimized Corrosion Control Treatment operational
July 2016 – Planned connection to Karegnondi Water Authority (Lake Huron water to Flint WTP)

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STATE OF MICHIGAN

JOHN ENGLER, Governor

DEPARTMENT OF ENVIRONMENTAL QUALITY

"Better Service for a Better Environment"

HOLLISTER BUILDING PO BOX 30473 LANSING MI 48909-7973

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RUSSELL J. HARDING, Director

REPLY TO:

DRINKING WATER & RADIOLOGICAL PROTECTION DIVISION
SOUTHEAST MICHIGAN DISTRICT OFFICE
38980 SEVEN MILE ROAD
LIVONIA, MICHIGAN 48152-1006

March 3, 2000

Mr. Robert Malloch, Water Production Manager
City of Detroit
Water and Sewerage Department
735 Randolph Street
Detroit, Michigan 48826-2830

WSSN: 1880

Dear Mr. Malloch:

SUBJECT: Water Supply - Detroit Water and Sewerage Department (DWSD)
Lead and Copper Water Quality Parameter Limits

This letter is intended to correct errors contained in a previous letter, dated September 27, 1999, acknowledging lead and copper results and establishing water quality parameters.

Results of the January through June 1999, follow-up monitoring required by the Lead and Copper Rule have been mailed separately to Ms. Pamela Turner of DWSD. The 90th percentile action levels for lead and copper are 15 ug/l and 1300 ug/l, respectively. Based on the 104 samples collected, the 90th percentile results for the city of Detroit were 6 ug/l for lead and 47 ug/l for copper. Therefore, the city has met both action levels and public education is not required. In addition, we have received satisfactory results of the water quality parameter monitoring from the distribution tap samples and from the point of entry samples collected at the five (DWSD) owned water treatment plants.

DWSD has demonstrated optimum corrosion control using phosphoric acid. The state must determine water quality parameters that must be maintained to ensure that optimum corrosion control will continue. Based on our review of monthly operation reports and numerous discussions, we have agreed on limits for pH, phosphoric acid dosage and residual, measured at the water treatment plant taps.

A minimum pH of 7.0 must be maintained at the treatment plant tap with no more than 9 days per six-month period (Jan. through June, July through Dec.) in non-compliance with this established minimum. If more than one pH sample is collected in a day, the results will be a weighted average for the day.

In addition to pH, a lower limit must be maintained for the phosphoric acid dosage and measured residual at the treatment plant taps. Again, based on our review of monthly operation reports and discussions with you, we have agreed on a minimum dosage and residual for phosphoric acid.

A minimum total phosphate dosage of 0.9 mg/l must be maintained at each of the five water treatment plant taps on a daily basis. In addition, a total phosphate residual of 0.8 mg/l must be maintained at each of the water treatment plant taps. If more than one phosphate sample is collected in a day, the results will be a weighted average for the day. Again, no more than 9 days in a six-month period can be in non-compliance with these established limits.

In addition to water treatment plant tap sampling, water quality parameters from the distribution system will continue to be required every six month period (Jan. – June, July – Dec.). Two samples per six-month period are required from each site and the parameters to be analyzed include pH, total phosphate and alkalinity. The numbers of sites to be sampled are reduced from previous monitoring periods.

Water Quality Parameter Monitoring

Service Area	Previous # WQP Sites	New # WQP Sites
Detroit	25	10
Detroit Suburbs	140	70
SOCWA	25	10
Flint	8	8
Genesee County	6	6

Should you require additional details or further explanation of any of this information, please feel free to contact me.

Sincerely,

Robert A. Green, P.E., Supervisor
Field Operations Section
Drinking Water and Radiological
Protection Division
734-953-1439

RAG:

cc: Ms. Pamela Turner, DWSD
Tucker, Young, Jackson and Tull, Inc.
Wayne County Health Department

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING DISTRICT OFFICE

DAN WYANT
DIRECTOR

August 17, 2015

Mr. Brent Wright
City of Flint - DPW
Flint Water Plant
4500 North Dort Highway
Flint, Michigan 48505

Dear Mr. Wright:

SUBJECT: Flint, City of WSSN: 02310
Lead and Copper Monitoring of Drinking Water Taps

The Department of Environmental Quality (DEQ), Office of Drinking Water and Municipal Assistance (ODWMA), received your report for the monitoring period January 1, 2015, through June 30, 2015.

Action Levels	Results this monitoring period			
	90th Percentile	# of Samples Above Action Level	# of Samples Required	# of Samples Collected
Lead 15 parts per billion (ppb)	11 ppb	6	60	69
Copper 1.3 parts per million (ppm)	0.16 ppm	0	60	69

Ninety percent or more of the sites you tested are within action levels under the administrative rules promulgated under the Michigan Safe Drinking Water Act, 1976 PA 399, as amended (Act 399). These results must be reported on your 2015 Consumer Confidence Report (CCR) due to our office, your customers, and the local health department, by July 1, 2016. Also include the following statement in the CCR, regardless of the lead and copper levels:

> *If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. The City of Flint is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline at 1-800-426-4791 or at http://www.water.epa.gov/drink/info/lead.*

Recent changes to the Lead and Copper Rule (LCR) require the water supply to provide individual lead tap results to people who receive water from sites that were sampled, even if lead was not detected, within 30 days of learning of results. You must also send us a certification that you met all the delivery requirements along with a sample copy of your customer notice by three months after the end of the monitoring period. To download the *Lead and Copper Report and Consumer Notice of Lead Result Certificate* in Microsoft Word or PDF format, visit http://www.michigan.gov/deq. Click on Water, Drinking Water, Community Water Supply, and Reporting Forms under the Manuals, Forms and Brochures heading. Water supplies that fail to distribute the Consumer Notice of Lead Results must include the following statement in their CCR, "During the year, we failed to provide lead results to persons served at the sites that were tested as required by the Lead and Copper Rule."

While the City's LCR compliance monitoring has continued to meet action level requirements, the LCR also requires all large systems (those serving over 50,000 people) to optimize corrosion control regardless of their 90th percentile lead concentration. One way to demonstrate fully optimized corrosion control treatment is through two consecutive six month rounds of LCR compliance monitoring in which the difference between the 90th percentile level and the highest source water lead concentration is less than the Practical Quantitative Level for lead (0.005 milligrams per liter). Since the City did not meet these criteria in both the July – December 2014, and January – June 2015, sampling periods, the City must now recommend a treatment to fully optimize corrosion control treatment within six months in accordance with requirements under Act 399, Administrative Rule 604f (R 325.10604f). **This recommendation must be provided to our office as soon as possible, but no later than January 1, 2016.**

However, given the past use of phosphate treatment by the Detroit Water and Sewerage Department (DWSD) to fully optimize corrosion control treatment when the City was a wholesale customer of DWSD, the ODWMA recommends the City select this as its recommended treatment option, and begin implementation as soon as possible to address ongoing concerns by customers regarding lead levels within their premise plumbing systems. Under the second step of this Rule, the DEQ can specify optimal corrosion control treatment.

Our office will inform you when monitoring needs to be conducted as part of the optimization of the implemented corrosion control treatment. Customer requested samples for lead shall continue to be collected and analyzed. Please make every attempt to select the same sites used in the previous monitoring period, giving Tier 1 sites first priority. If original sites are unavailable, select replacement sites based on the Tier 1, 2, and 3 criteria.

Please contact me at 517-284-6644 or rosenthala@michigan.gov at your earliest convenience to discuss how the City will be complying with the above requirements.

Sincerely,

Adam Rosenthal, Environmental Quality Analyst
Lansing District Office
Office of Drinking Water and Municipal Assistance

cc: Mr. Michael Glasgow, City of Flint

2310

STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING DISTRICT OFFICE

RICK SNYDER
GOVERNOR

DAN WYANT
DIRECTOR

February 13, 2015

Mr. Brent Wright
City Of Flint - D P W
Flint Water Plant
4500 North Dort Highway
Flint, MI 48505

WSSN: 02310

Dear Mr. Wright:

SUBJECT: Drinking Water Monitoring Schedule – 2015
Annual Reports

Enclosed is your Drinking Water Monitoring Schedule for calendar year 2015 outlining the minimum requirements for your public water supply. Collect samples early in the monitoring period of the year indicated on the schedule. If you use a private laboratory you are required to report the results to us within the first ten days of the month following the month that you received the results. To receive credit for monitoring, the **"WSSN"** (water supply serial number), the **"Site Code,"** and **"County"** must appear on the sample result. Bottles will NOT be mailed automatically. If you use the DEQ Laboratory, you can order bottles by calling 517-335-8184. Be certain of the EPA sampling and analysis method requirements for hold times.

The Michigan Safe Drinking Water Act requires certain reports to be submitted to this office each year. Please remember that cross connection reports and annual pumpage reports are due by March 31, and the **Consumer Confidence Report** is due by July 1.

Also enclosed is the document "2015 Monitoring and Reporting Requirements." This provides additional details about monitoring and reporting requirements. If you have any questions, please contact us by telephone or email using the information below.

Michael F. Prysby, P.E., District Engineer
Lansing District Office
Office of Drinking Water and
Municipal Assistance
517-290-8817

Adam Rosenthal, EQA
Lansing District Office
Office of Drinking Water and
Municipal Assistance
517-284-6644

MFP:AR:JR

Enclosure
cc/encl: Mr. Mike Glasgow, City Of Flint

2015 Monitoring Schedule

FLINT, CITY OF **WSSN: 02310**

Collect samples early in the monitoring period. This schedule reflects your expected routine monitoring and is subject to change. To receive credit for monitoring, include the **WSSN, Site Code, and County** on your request for analysis form. Collect Bacteriological and Automated Partial Chemistry samples close to the shipping time and send overnight delivery. Send all sample results to your Department of Environmental Quality (DEQ) district office unless you use the DEQ laboratory. Test codes, sample units, and costs are listed to help you complete the DEQ laboratory form. Prices are subject to change without notice. The DEQ laboratory is closed on state holidays.

Location: Plant Tap

Collect these samples at the entry point to the distribution system (after treatment, if applicable.)

Sample Type	# Samples/ Frequency	Collect Before	Site Code	Fee	Unit Number	Test Code
Automated Partial Chemistry	This DEQ lab scan includes nitrate, nitrite, fluoride, and sodium whose monitoring frequency requirements differ from one another. Before requesting analyses from a laboratory other than the DEQ laboratory, check with your DEQ district staff for the specific monitoring requirements.					
	1/3 months	Quarterly	TP001	$18.00	32	R
Volatile Organic Compounds	1/3 months	Quarterly	TP001	$100.00	36VO	CXVO
Complete Metals	1/36 months	09/30/2017	TP001	$102.00	36ME	CMET2
Arsenic	1/3 months	Quarterly	TP001	$18.00	36ME	CAS
Cyanide	1/3 months	Quarterly	TP001	$25.00	36CNa	CCN
SOC – Pesticides	1/3 months	Quarterly	TP001	$125.00	36PT	CXPT
SOC – Herbicides	1/3 months	Quarterly	TP001	$120.00	36HB	CXHB
SOC – Carbamates	1/3 months	Quarterly	TP001	$120.00	36LP	CXLP
Bromate	1/1 months	Monthly	TP001	Not performed at the DEQ Laboratory. A list of certified labs is at www.michigan.gov/DEQ. Select Water, Drinking Water, Community Water Supply, then Certified Labs under Programs and Activities.		
Gross Alpha (Radiological)	1/3 months	Quarterly	TP001			
Radium 226 & Radium 228	1/3 months	Quarterly	TP001			
Water Quality Parameters	25/3 months	Quarterly	TP001	Various	Various	Various
Total Organic Carbon (TOC)	Pair/Monthly	Monthly	TP001	$35.00	36TO	CTOC
	Monitor for TOC in the source water before any treatment at the same time as monitoring for TOC in the treated water. These samples (source water and treated water) are referred to as "paired samples." Collect the treated water sample not later than the point of combined filter effluent turbidity monitoring and representative of treated water.					
Expanded SOCs						
Dalapon & Haloacetic Acids	1/12 months	**Between 04/01 and 09/30/2015**	TP001	$130.00	36HA	CXHA
Diquate	1/12 months	**Between 04/01 and 09/30/2015**	TP001	$150.00	36DQ	CXDQ
Endothall	1/12 months	**Between 04/01 and 09/30/2015**	TP001	$150.00	36EN	CXEN
EDB & DBCP	1/12 months	**Between 04/01 and 09/30/2015**	TP001	$70.00	36VO	CXEV

2015 Monitoring Schedule

FLINT, CITY OF

WSSN: 02310

Collect samples early in the monitoring period. This schedule reflects your expected routine monitoring and is subject to change. To receive credit for monitoring, include the WSSN, Site Code, and County on your request for analysis form. Collect Bacteriological and Automated Partial Chemistry samples close to the shipping time and send overnight delivery. Send all sample results to your Department of Environmental Quality (DEQ) district office unless you use the DEQ laboratory. Test codes, sample units, and costs are listed to help you complete the DEQ laboratory form. Prices are subject to change without notice. The DEQ laboratory is closed on state holidays.

Location: Distribution System

Sample Type	Collect Samples According to the ...	# Samples/ Frequency	Collect	Site Code	Fee	Unit Number	Test Code
Bacteriological – coliforms	TCR Sampling Site Plan	100/Monthly	Monthly	DIST	$16.00	30	BPTC
Chlorine Residual	DBP Monitoring Plan	If serving chlorinated water, measure the residual disinfectant level at the same point and at the same time as the bacteriological sample and report the average to the DEQ.					
Total Trihalomethanes	DBP Monitoring Plan	8/3 months	During February, May, August and November 2015	See DBP Monitoring Plan	$65.00	36VO	CXTM
Haloacetic Acids		8/3 months	During February, May, August and November 2015	See DBP Monitoring Plan	$130.00	36HA	CXHA
Water Quality Parameters	Representative Sites	25/Quarterly	Quarterly	DIST	Various	Various	Various
Lead Copper for Corrosion Control	Lead and Copper Sampling Pool	100/6 months	Between 1/1 and 6/30/2015	DIST	$26.00	36CC	CCUB

Community Water Supply
2015 Monitoring and Reporting Requirements

Please Monitor Early: Collect samples early in the monitoring period (month, quarter, year) of the year indicated on the schedule. Bacteriological and partial chemistry samples should be collected close to the shipping time and sent overnight delivery to assure sample holding times are not exceeded (30 and 48 hour hold times respectively). We also recommend avoiding mailing bacteriological samples immediately preceding or following a holiday because samples tend to exceed the 30 hour hold time. When this occurs, a repeat sample must be collected as soon as possible upon notification.

If you use a private laboratory please report the results to us within the first ten days of the month following the month that you received the results. A list of certified laboratories is available on request. If samples are not collected as indicated on your monitoring schedule, you will incur a monitoring violation and possibly a fine. For information on the fines policy, visit http://michigan.gov/deqwater. Click on Drinking Water, Community Water Supply, and Administrative Fines (under Laws and Rules).

To receive credit for monitoring, you must include the **"WSSN"** (water supply serial number), the **"Site Code,"** and the **"County"** when you submit samples for analysis. Site codes are listed on your monitoring schedule.

Special Instructions If You Use The DEQ Laboratory: Bottles will NOT be mailed automatically. To order bottles, call the DEQ Laboratory at 517-335-8184 or download the form EQP 2301 *Requisition for Water Sample Units* from www.michigan.gov/deq. Click on Key Topics, Laboratory Services, Drinking Water, Obtaining The Necessary Sampling Units, and 'test list'. Please note that the DEQ laboratory is closed on most state holidays. The DEQ laboratory prices are subject to change without notice.

Special Instructions For Automated Partial Chemistry, VOC and TTHM Samples: These sample bottles must be cooled and preserved during shipment to the laboratory. If you use the DEQ laboratory, you will receive the ice pack, acid dropper (if necessary) and small cooler when you request the bottles. Samples must be preserved correctly to be used for compliance purposes. To avoid resampling follow instructions contained with the sample bottle. If you would like more information, contact the DEQ lab, at 517-335-8184, or contact this office.

Cyanide: Previously, supplies that chlorinated the water were waived from monitoring for cyanide. The U.S. EPA now requires all supplies to sample the entry point for cyanide.

UCMR3 Monitoring: You may have monitoring requirements in 2015 under the third Unregulated Contaminant Monitoring Rule (UCMR3). The U.S. EPA will contact you directly if your water supply is required to monitor in 2015. A list of laboratories certified to analyze the samples collected for UCMR3 is available at http://water.epa.gov/lawsregs/rulesregs/sdwa/ucmr/ucmr3/upload/lablist.pdf. Contact the U.S. EPA with questions.

Reminder if Lead and Copper Monitoring Due This Year: Provide individual lead tap results to people who receive water from sites that you sampled, even if lead was not detected, within 30 days of learning the results. Send us a certification that you met all the delivery requirements along with a sample copy of the customer notice within 3 months after the end of the monitoring period. Water supplies that failed to distribute the Consumer Notice of Lead Results must include the following statement in their CCR, "During the year, we failed to provide lead results to persons served at the sites that were tested as required by the Lead and Copper Rule." To download the *Lead and Copper Report and Consumer Notice of Lead Result Certificate* in Microsoft Word or PDF format, visit www.michigan.gov/deqwater. Click on Drinking Water, Community Water Supply, and Reporting Forms (under Manuals, Forms & Brochures).

Annual Reports: These reports are due to this office each year.

- The **Cross Connection Report**, due by March 31, describes the status of your local cross connection control program. Manufactured housing communities are exempt from this requirement until 2016.

  Each year, water supplies must submit this report, even if a formal program has not been implemented. If cross connections do not exist in your water system, indicate so on the report. Download the Cross Connection Report form from http://michigan.gov/deqwater. Click on Drinking Water, Community Water Supply, Reporting Forms (under Manuals, Forms & Brochures). Instructions are included with the form.

- The **Annual Pumpage/Usage Report**, due by March 31, is required of water supplies that do not submit monthly operation reports.

  This summary of water pumpage and water use must be submitted by each water supply that does not submit a monthly operation report. To manage our natural resources, pumpage data are compiled to determine water use demands in Michigan. Download the Annual Pumpage/Usage Report form from http://michigan.gov/deqwater. Click on Drinking Water, Community Water Supply, Reporting Forms (under Manuals, Forms & Brochures). Please be sure to indicate the appropriate units on the report (e.g. million gallons or gallons).

- The **Consumer Confidence Report**, due by July 1 to your customers, to your local health department and to this office, describes the quality of the water and characterizes the risks, if any, from exposure to contaminants detected..

  Electronic delivery methods may be used to distribute the CCR to bill-paying customers, provided the method is direct. A paper copy must be delivered to bill-paying customers who request it or known to be unable to receive the CCR electronically. For more information on e-delivery, visit www.michigan.gov/deqwater. Click on Drinking Water, Community Water Supply, Consumer Confidence Report Rule (under Laws and Rules).

2310

STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING DISTRICT OFFICE

RICK SNYDER
GOVERNOR

DAN WYANT
DIRECTOR

March 5, 2015

Mr. Brent Wright, Operations Supervisor
City Of Flint - DPW
Flint Water Plant
4500 North Dort Highway
Flint, Michigan 48505

WSSN: 02310

Dear Mr. Wright:

SUBJECT: Violation Notice (VN) – Maximum Contaminant Level for Total Trihalomethanes (TTHM)
Operational Evaluation – Total Trihalomethanes
1st Quarter 2015 Monitoring Period

The Department of Environmental Quality (DEQ), Office of Drinking Water and Municipal Assistance (ODWMA), records show that the city of Flint (City) is in violation of the Safe Drinking Water Act, 1976 PA 399, as amended (Act 399); R 325.10610, *Maximum contaminant levels for disinfection byproducts (MCLs)*, of the 1979 Administrative Code.

In accordance with R 325.10610, *MCLs*, of the 1979 Administrative Code, the MCL for disinfection byproduct TTHM is 0.080 milligrams per liter (mg/L) as a Locational Running Annual Average (LRAA) at each monitoring location. As listed in the table below, our records show that the City's highest TTHM locational running annual average (LRAA), based on the last four quarters, ending February 28, 2015, is 0.105 mg/L which exceeds the standard, and that two of the eight sample site locations exceed the standard of 0.080 mg/L.

Further, in accordance with R 325.10719l, *Disinfection byproducts: operational evaluation levels*, of the 1979 Administrative Code, when an operational evaluation level (OEL) at a monitoring location for TTHM exceeds 0.080 mg/L, a supply shall conduct an operational evaluation and submit a written report of the evaluation to the DEQ not later than 90 days after being notified of the analytical result that causes the supply to exceed the operational evaluation level. As listed in the table below, our records show that the TTHM OELs for the City exceed 0.080 mg/L at one of the City's eight sample site locations.

TTHM Results (mg/L)						
	5/21/14	8/21/14	11/20/14	2/17/15	LRAA	OEL
DBP1 McDonalds 3719 Davison	**0.162**	**0.145**	0.059	0.0162	**0.096**	0.059
DBP2 Liquor Palace 3302 S. Dort Highway	**0.112**	**0.127**	0.033	0.0168	0.072	0.049
DBP3 North Flint Auto 6204 N. Saginaw St.	**0.097**	**0.118**	0.041	0.0149	0.068	0.047
DBP4 University Market 2501 Flushing Road	**0.106**	**0.196**	**0.094**	0.0245	**0.105**	**0.085**
DBP5 Taco Bell 3606 Corunna Road	0.079	**0.181**	0.034	0.0151	0.078	0.063
DBP6 Rite-Aid Pharmacy 5018 Clio Road	**0.088**	**0.144**	0.054	0.0192	0.076	0.059
DBP7 Salem Housing 3216 MLK Boulevard	**0.082**	**0.112**	0.050	0.0285	0.068	0.055
DBP8 BP Gas Station 822 S. Dort Highway	0.075	**0.112**	0.036	0.0199	0.061	0.047

Our investigation consisted of a review of ODWMA files for laboratory reports received for compliance monitoring. Our investigation is considered complete. This violation began on March 1, 2015, and will continue until TTHM LRAA is below the MCL at all sample sites.

We are encouraged by the results from the most recent round of compliance samples collected on February 17, 2015, which now show individual TTHM levels at less than half of the 0.080 mg/L standard at all locations throughout the City's system. Operational Evaluation Reports from December 2014, and February 2015, have identified possible causes and corrective measures for the previous elevated TTHM levels which we encourage the City to continue implementing. These modifications have likely contributed in part to the reduction in TTHM levels reported in the most recent quarter, and suggest the City may be able to achieve compliance with the TTHM standard at all sites by continuing these efforts.

Our office is currently reviewing the Operational Evaluation Report dated February 27, 2015, and will provide the City and their consultant with comments, as needed, to help address this MCL violation.

Water systems that exceed the OEL must complete and submit an Operational Evaluation in accordance with Administrative Rule 719l (R 325.10719l) within 90 days of being notified of the violation. **An updated Operational Evaluation report, which incorporates the most recent sample results, must now be completed and received by our office by no later than Friday, May 29, 2015.**

If you have any other factual information you would like us to consider regarding the violation identified in this VN, please provide them in a written response by March 19, 2015.

Administrative rule R 325.10403 of Act 399 requires that suppliers provide public notice (PN) as soon as practical, but no later than thirty (30) days after the supplier learns of this type of violation, by mail or direct delivery **and** by any other means reasonably calculated to reach customers not normally reached by mail. Enclosed is a sample PN which contains the minimum required language. The City is encouraged to include additional information regarding its response efforts to this violation. **Please notify your consumers by April 1, 2015, and send us a signed and dated copy of the notice that you issued within ten (10) days of distributing the public notice.** This violation must also be included in your 2015 Consumer Confidence Report, due by July 1, 2016. The PN must be repeated every quarter until you no longer exceed the TTHM standard. Failure to issue a PN for this violation will result in a fine of at least $1,000 per event, with a maximum of $5,000 per violation.

We anticipate and appreciate your continued cooperation in resolving this matter. If you have any questions regarding this VN, please contact us at the numbers below; at prysbym@michigan.gov; or rosenthala@michigan.gov; or at DEQ, P.O. Box 30242, Lansing, Michigan 48909-7742.

Sincerely,

Michael F. Prysby, P.E., District Engineer
Lansing District Office
Office of Drinking Water and Municipal Assistance
517-290-8817

Adam Rosenthal, Environmental Quality Analyst
Lansing District Office
Office of Drinking Water and Municipal Assistance
517-284-6644

Enclosure

cc: Ms. Jennifer Crooks, U.S. Environmental Protection Agency, Region 5
Mr. Jerry Ambrose, Emergency Manager, City of Flint
Mr. Robert Bincsik, City of Flint
Mr. Howard Croft, City of Flint
Mr. Daughtry Johnson, City of Flint
Genesee County Health Department
Ms. Liane Shekter Smith, DEQ
Mr. Richard Benzie, DEQ
Mr. Stephen Busch, DEQ

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

City of Flint Did Not Meet Treatment Requirements

Our water system recently violated a drinking water standard. Although this incident was not an emergency, as our customers, you have a right to know what happened and what we are doing to correct this situation.

We routinely monitor for the presence of drinking water contaminants. Samples were collected for total trihalomethanes (TTHM) analysis from eight locations on a quarterly basis (May 21, August 21, November 20 of 2014, and February 17, 2015). The average of the results at ANY of the eight locations must not exceed the maximum contaminant level (MCL) for TTHMs, otherwise our water system exceeds the MCL. The standard for TTHMs is 80 micro grams per liter (µg/L). The location reporting the highest TTHM level was 105 ug/L; thus, our water system exceeds the TTHM MCL.

What should I do?

- There is nothing you need to do unless you have a severely compromised immune system, have an infant, or are elderly. These people may be at increased risk and should seek advice about drinking water from their health care providers.
- You do not need to boil your water or take other corrective actions. If a situation arises where the water is no longer safe to drink, you will be notified within 24 hours.

What does this mean?

This is not an emergency. If it had been an emergency, you would have been notified within 24 hours.

People who drink water containing trihalomethanes in excess of the MCL over many years may experience problems with their liver, kidneys, or central nervous system, and may have an increased risk of getting cancer.

What is being done?

We are currently working on solutions to correct the problem. We anticipate resolving the problem in 2015. Our most recent individual sample results were all less than half the 80 µg/L standard, however since compliance is calculated using a locational running annual average (LRAA) of the most recent four quarters, we are still out of compliance with the MCL at two of eight locations.

For more information, please contact Mr. Brent Wright at 517-787-6537, or the Flint Water Plant at 4500 North Dort Highway, Flint, Michigan 48505.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is being sent to you by the City of Flint.

CERTIFICATION: WSSN: 02310

I certify that this water supply has fully complied with the public notification requirements in the Michigan Safe Drinking Water Act, 1976 PA 399, as amended, and the administrative rules.

Signature	Title	Date Distributed

Reminder to water supplier: This notice/certification must be sent to the Department of Environmental Quality.

2310

STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING

RICK SNYDER
GOVERNOR

DAN WYANT
DIRECTOR

March 30, 2015

Mr. Brent Wright
City Of Flint - DPW
Flint Water Plant
4500 North Dort Highway
Flint, Michigan 48505

Dear Mr. Wright:

Subject: City Of Flint WSSN: 02310
Lead and Copper Monitoring of Drinking Water Taps

We received your report for the monitoring period July 1, 2014, through December 31, 2014.

Action Levels	Results this monitoring period		Next monitoring period	
	90th Percentile	# of Samples Above Action Level	# of Samples Required	Take Samples Within These Dates
Lead 15 parts per billion (ppb)	6.0 ppb	2	100	1/1 and 6/30/2015 Submit results to this office by July 10, 2015
Copper 1.3 parts per million (ppm)	0.11 ppm	0		

Ninety percent of the sites you tested are within action levels under the administrative rules promulgated under the Michigan Safe Drinking Water Act, 1976 PA 399, as amended. These results must be reported on your 2014 Consumer Confidence Report (CCR) due to our office, your customers, and the local health department, by July 1, 2015. Also include the following statement in the CCR, regardless of the lead and copper levels:

If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. The City of Flint is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline at 1-800-426-4791 or at http://water.epa.gov/drink/info/lead.

Recent changes to the Lead and Copper Rule require you to provide individual lead tap results to people who receive water from sites that were sampled, even if lead was not detected, within 30 days of learning of results. You must also send us a certification that you met all the delivery requirements along with a sample copy of your customer notice by 3 months after the end of the monitoring period. To download the *Lead and Copper Report and Consumer Notice of Lead Result Certificate* in Microsoft Word or PDF format, visit http://michigan.gov/deq. Click on Water, Drinking Water, Community Water Supply, and Reporting Forms. Water supplies that fail to distribute the Consumer Notice of Lead Results must include the following statement in their CCR, "During the year, we failed to provide lead results to persons served at the sites that were tested as required by the Lead and Copper Rule."

Samples due the next monitoring period mark your second six month round of monitoring. Please make every attempt to select the same sites used in the previous monitoring period, giving Tier 1 sites first priority. If original sites are unavailable, select replacement sites based on the Tier 1, 2, and 3 criteria. We strongly encourage you to sample early in the monitoring period.

Bottles will NOT be mailed automatically. To order bottles, call the Department of Environmental Quality laboratory at 517-335-8184, or download the form EQP 2301 *Requisition for Water Sample Units* from www.michigan.gov/deq. Click on Key Topics, Laboratory Services, Drinking Water, Obtaining the Necessary Sampling Units, and test list.

Sincerely,

Adam Rosenthal, EQA
Office of Drinking Water and Municipal Assistance
Lansing District
517-284-6644
rosenthala@michigan.gov

ar/jlr
Enclosures

cc: Mr. Michael Glasgow, City of Flint

2310

STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING DISTRICT OFFICE

RICK SNYDER
GOVERNOR

DAN WYANT
DIRECTOR

April 3, 2015

Mr. Brent Wright
City of Flint Water Plant
4500 North Dort Highway
Flint, Michigan 48505

Dear: Mr. Wright

SUBJECT: Long Term 2 Enhanced Surface Water Treatment Rule (LT2 Rule)
2nd Round of Source Water Monitoring Requirements

The LT2 Rule was promulgated by the United States Environmental Protection Agency on January 5, 2006. The Department of Environmental Quality (DEQ) adopted this rule into the Administrative Rules in December, 2009. All public water systems that are supplied by a surface water source, and systems supplied by a ground water source under the direct influence of surface water (GWUDI), are subject to this rule.

According to the LT2 Rule, systems are required to conduct an initial and a second round of source water monitoring for each plant that treats a surface water or GWUDI source. Please keep in mind that grandfathering data will not be accepted for the second round of monitoring. This monitoring includes at least one source water *Cryptosporidium*, *E. coli*, and turbidity sample per month for a period of 24 months for systems serving populations greater than 10,000 people. Systems will be assigned to a "treatment bin" based on the results of source water monitoring. The treatment bin specifies the level of *Cryptosporidium* removal and/or inactivation that the system must achieve.

Our records indicate that your system is required to comply with the source water monitoring requirements on Schedule 2 as stated below in Table 1. Therefore, your system is required to submit to the DEQ, a source water monitoring plan for each plant by July 1, 2015, and start the 2nd round of monitoring in October, 2015.

Table 1 – LT2 Milestone Dates for 2nd Round of Source Water Sampling

System Population	Schedule	Must submit Source Water Sampling Plan by...	Must begin second round of source water monitoring...
At least 100,000	1	January 1, 2015	April 1, 2015
50,000 – 99,999	2	July 1, 2015	October 1, 2015
10,000 – 49,999	3	July 1, 2016	October 1, 2016
<10,000	4	July 1, 2017	October 1, 2017

Enclosed with this letter is a Source Water Sampling Plan template that you can complete and submit to this office to comply with the July 1, 2015, deadline. The template includes instructions and a worksheet that will assist the DEQ in determining if your plan meets the requirements of the LT2 Rule.

If you have any questions about this subject, feel free to contact me at 517-290-8817; prysbym@michigan.gov; or Department of Environmental Quality, Office of Drinking Water and Municipal Assistance, Lansing District Office, 525 West Allegan Street, 1st Floor South, P.O. Box 30242, Lansing, Michigan 48909-7742.

Sincerely,

Michael F. Prysby, P.E.
District Engineer
Field Operations Section
Office of Drinking Water and
Municipal Assistance

Enclosures

cc: Mr. Howard Kroft, City of Flint

2316

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT APPLICATION FOR WATER SUPPLY SYSTEMS

(CONSTRUCTION - ALTERATION - ADDITION OR IMPROVEMENT) AS DESCRIBED HEREIN

Required under the Authority of 1976 PA 399, as amended

This application becomes an Act 399 Permit only when signed and issued by authorized Michigan Department of Environmental Quality (DEQ) Staff. See instructions below for completion of this application.

1. Municipality or Organization, Address and WSSN that will own or control the water facilities to be constructed. This permit is to be issued to:

City of Flint
Water Service Center
3310 E. Court Street
Flint, MI 48506
WSSN: 2310

2. Owner's Contact Person (provide name for questions):

Contact: Rob Bincsik
Title: Supervisor of Water Distribution & Sewer
Phone: (810)766-7202

Permit Stamp Area (DEQ use only)

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT NO. W 151018 APR 3 2015

EXAMINED AND APPROVED FOR COMPLIANCE WITH ACT 399, P.A. 1976

MFP

3. Project Name (Provide phase number if project is segmented):

4-inch Water Main Replacement (contract/phase 1)

4. Project Location (City, Village, Township):
City of Flint

5. County (location of project):
Genesee

ISSUED UNDER THE AUTHORITY OF THE DIRECTOR OF THE DEPARTMENT OF ENVIRONMENT QUALITY

cc:

Issued by: Michael Prysby

Reviewed by: Michael Prysby

☐ **If this box is marked see attached special conditions.**

Instructions: Complete items 1 through 5 above and 6 through 21 on the following pages of this application. Print or type all information except for signatures. Mail completed application, plans and specifications, and any attachments to the DEQ District Office having jurisdiction in the area of the proposed construction.

Please Note:

a. This **PERMIT** only authorizes the construction, alteration, addition or improvement of the water system described herein and is issued solely under the authority of 1976 PA 399, as amended.
b. The issuance of this **PERMIT** does not authorize violation of any federal, state or local laws or regulations, nor does it obviate the necessity of obtaining such permits, including any other DEQ permits, or approvals from other units of government as may be required by law.
c. This **PERMIT** expires two (2) years after the date of issuance in accordance with R 325.11306, 1976 PA 399, administrative rules, unless construction has been initiated prior to expiration.
d. Noncompliance with the conditions of this permit and the requirements of the Act constitutes a violation of the Act.
e. Applicant must give notice to public utilities in accordance with 1974 PA 53, (MISS DIG), being Section 460.701 to 460.718 of the Michigan Compiled Laws, and comply with each of the requirements of that Act.
f. All earth changing activities must be conducted in accordance with the requirements of the Soil Erosion and Sedimentation Control Act, Part 91, 1994 PA 451, as amended.
g. All construction activity impacting wetlands must be conducted in accordance with the Wetland Protection Act, Part 303, 1994 PA 451, as amended.
h. Intentionally providing false information in this application constitutes fraud which is punishable by fine and/or imprisonment.
i. Where applicable for water withdrawals, the issuance of this permit indicates compliance with the requirements of Part 327 of Act 451, Great Lakes Preservation Act.

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY

Permit Application for Water Systems (Continued)

6. **Facilities Description** – In the space below provide a detailed description of the proposed project. Applications without adequate facilities descriptions **will be returned**. SEE EXAMPLES BELOW. Use additional sheets if needed.

8400 Feet of 24-inch water main from Pasadena Avenue and Iroquois Avenue, South, 20 blocks, along Iroquois Avenue from Pasadena Ave. to Stockdale St.
East, Jog of Approx. 100 feet, along Stockdale Street from Iroquois Ave. to Euclid Ave.
South, 1 block, along Euclid Avenue from Stockdale St. to Welch Blvd.
West, 1 block, along Welch Boulevard from Euclid Ave. to Seminole St.
South Southwest, 3 blocks, along Seminole Street from Welch Blvd. to DuPont St.
South, 10 blocks, along Dupont Street from Seminole St. to Mackin Road.
Water main is stubbed south of Mackin Road for future additions.

EXAMPLES – EXAMPLES – EXAMPLES – EXAMPLES – EXAMPLES – EXAMPLES	
Water Mains	500 feet of 8-inch water main in First Street from Main Street north to State Street. OR 250 feet of 12-inch water main in Clark Road from an existing 8-inch main in Third Avenue north to a hydrant.
Booster Stations	A booster station located at the southwest corner of Third Avenue and Main Street, and equipped with two, 15 Hp pumps each rated 150 gpm @ 200 feet TDH. Station includes backup power and all other equipment as required for proper operation.
Elevated Storage Tank	A 300,000 gallon elevated storage tank located in City Park. The proposed tank shall be spherical, all welded construction and supported on a single pedestal. The tank shall be 150 feet in height, 40 feet in diameter with a normal operating range of 130 – 145 feet. The interior coating system shall be ANSI/NSF Standard 61 approved or equivalent. The tank will be equipped with a cathodic protection system, and includes a tank level control system with telemetry.
Chemical Feed	A positive displacement chemical feed pump, rated at 24 gpd @ 110 psi to apply a chlorine solution for Well No. 1. Chlorine is 12.5% NaOCL, ANSI/NSF Standard 60 approved and will be applied at a rate of 1.0 mg/l of actual chlorine.
Water Supply Well	Well No. 3, a 200 foot deep well with 170 feet of 8-inch casing and 30 feet of 8-inch, 10 slot screen. The well will be equipped with a 20 Hp submersible pump and motor rated 200 gpm @ 225 feet TDH, set at 160 feet below land surface.
Treatment Facilities	A 5 million gpd water treatment plant located at the north end of Second Avenue. The facility will include 6 low service pumps, 2 rapid mix basins, 4 flocculation/sedimentation basins, 8 dual media filters, 3 million gallon water storage reservoir and 6 high service pumps. Also included are chemical feed pumps and related appurtenances for the addition of alum, fluoride, phosphate and chlorine.

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY

Permit Application for Water Systems (Continued)

General Project Information – Complete all boxes below.

7. Design engineer's name, engineering firm, address, phone number, and email address:

Jeffrey B. Markstrom, P.E.
ROWE Professional Services Company
P.O. Box 3748
Flint, MI 48502
(810)341-7500 jmarkstrom@rowepsc.com

8. Indicate who will provide project construction inspection:
☐Organization listed in Box 1.
☒Engineering firm listed in Box 7.
☐Other - name, address, and phone number listed below.

9. Is a basis of design attached?
☐YES ☒NO

If no, briefly explain why a basis of design is not needed.

10. Are sealed and signed engineering plans attached?
☒YES ☐NO

If no, briefly explain why engineering plans are not needed.

11. Are sealed and signed construction specifications attached?
☒YES ☐NO

If specifications are not attached, they need to be on file at DEQ.

12. Were Recommended Standards for Water Works, Suggested Practice for Water Works, AWWA guidelines, and the requirements of Act 399 and its administrative rules followed?
☒YES ☐NO

If no, explain which deviations were made and why.

13. Are all coatings, chemical additives and construction materials ANSI/NSF or other adequate 3rd party approved?
☒YES ☐NO

If no, describe what coatings, additives or materials did not meet the applicable standard and why.

14. Are all water system facilities being installed in the public right-of-way or a dedicated utility easement? (For projects not located in the public right-of-way, utility easements must be shown on the plans.)
☒YES ☐NO

If no, explain how access will be obtained.

15. Is the project construction activity within a wetland (as defined by Section 324.30301(d)) of Part 303, 1994 PA 451?
☐YES ☒NO

If yes, a wetland permit must be obtained.

16. Is the project construction activity within a 100-year floodplain (as defined by R 323.1311(e)) of Part 31, 1994 PA 451, administrative rules?
☐YES ☒NO

If yes, a flood plain permit must be obtained.

17. Is the project construction activity within 500 feet of a lake, reservoir, or stream?
☒YES ☐NO

If yes, a Soil and Erosion Control Permit must be obtained or indicate if the owner listed in box 2 of this application is an Authorized Public Agency (Section 10 of Part 91, 1994 PA 451) ☐ Owner is APA.

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY

Permit Application for Water Systems (Continued)

18. Will the proposed construction activity be part of a project involving the disturbance of five (5) or more acres of land?
☐YES ☒NO
If yes, is this activity regulated by the National Pollutant Discharge Elimination System storm water regulations?
☐YES: NPDES Authorization to discharge storm water from construction activities must be obtained.

☐NO: Describe why activity is not regulated:
Please call 517-241-8993 with questions regarding the applicability of the storm water regulations.

19. Is the project in or adjacent to a site of suspected or known soil or groundwater contamination?
☐YES ☒NO

If yes, attach a copy of a plan acceptable to the DEQ for handling contaminated soils and/or groundwater disturbed during construction. Contact the local DEQ district office for listings of Michigan sites of environmental contamination.

20. IF YOU ARE A CUSTOMER/WHOLESALE/BULK PURCHASER, COMPLETE THE FOLLOWING

1) Name and WSSN of source water supply system (seller) City of Flint

2) Does the water service contract require water producer/seller to review and approve customer/wholesale/bulk purchaser water system construction plans?
☐YES ☒NO

If yes to #2, the producer/seller approval letter must be attached when submitted to DEQ.

21. **Owner's Certification** The owner of the proposed facilities or the owner's authorized representative shall complete the owner's certification. It is anticipated that the owner will either be a governmental agency (city, village, township, county, etc.) or a private owner (individual, company, association, etc.) of a Type I public water supply.

OWNER'S CERTIFICATION

I, Daugherty Johnson (print) (name), acting as the Utilities Administrator (print) (title/position) for City of Flint (print) (entity owning proposed facilities) certify that this project has been reviewed and approved as detailed by the Plans and Specifications submitted under this application, and is in compliance with the requirements of 1976 PA 399, as amended, and its administrative rules.

Signature* 3/20/15 Date 810 766-7135 Phone

*Original signature only, no photocopies will be accepted.

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY

Permit Application for Water Systems (Continued)

PROJECT BASIS OF DESIGN – FOR WATER MAIN PROJECTS

PROJECT NAME: _____

For this PROJECT the following information must be provided per Act 399 unless waived by the Department. For projects other than water main installation, or if additional space is needed, attach separate sheet(s) with detailed Basis of Design calculations.

A. A general map of the initial and ultimate service areas
☐Included on engineering plans ☐Attached separately

B. Number of service connections served by this permit application _____

C. Total number of service connections ultimately served by entire project _____

D. Residential Equivalent Units (REUs) served by this permit application _____

E. Total Residential Equivalent Units (REUs) ultimately served by entire project _____

F. Water flow rates for proposed project based on REUs listed in "D' and "E" above

1. Initial design average day flow (mgd) _____
2. Initial design maximum day flow (mgd) _____
3. Total design average day flow (mgd) _____
4. Total design maximum day flow (mgd) _____
5. Required fire flows: [1] _____ gpm for _____ hours

G. Actual flows and pressures of existing system at the connection point(s) [2]
_____ gpm at _____ psi
_____ gpm at _____ psi
_____ gpm at _____ psi
_____ gpm at _____ psi

H. Estimated minimum flows and pressures within the proposed water main system [3] _____ gpm at _____ psi

(1) Every water system must decide what levels of fire fighting flows they wish to provide. Fire flow should be appropriate for the area (residential, commercial, industrial) being served by the project. Typical fire flow rates can be obtained from the water supply, local fire dept., ISO or AWWA. The water system must then be designed to be able to provide the required fire flows while maintaining at least 20 psi in all portions of the distribution system.

(2) Flows and pressures at the connection points must be given to determine if the existing water main(s) are able to deliver water to the new service area. These numbers can be obtained from a properly modeled and calibrated distribution system hydraulic analysis or hydrant flow tests performed in the field. If more than one connection is proposed, list as needed.

(3) List what the estimated minimum flows can be expected in the proposed water mains based on estimated water demands, head losses, elevation changes and other factors that may affect flows, such as dead end mains.

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING DISTRICT OFFICE

DAN WYANT
DIRECTOR

TO: Water Supply Superintendent or Operator-in-Charge

FROM: Adam Rosenthal, Office of Drinking Water and Municipal Assistance, Lansing District Office

DATE: May 6, 2015

SUBJECT: New Lansing District e-mail address for all submittals
2014 Consumer Confidence Report Reminder
Updated Lansing District Responsibilities

New Lansing District e-mail address for all submittals:
The Lansing District Office has created a new e-mail account to be used for all future submittals: **DEQ-DWMA-Lansing@michigan.gov**

Please forward future electronic submittals to the above e-mail address. This includes monthly operating reports, laboratory reports, reporting forms and siting plans. No further submittals will be accepted into an individual's e-mail inbox after May 31, 2015. Please make sure to inform any laboratory or consultant who has agreed to submit documents on your behalf of this change. Mailed hard copies and faxed documents will still be accepted.

2014 Consumer Confidence Report Reminder:
Your annual Consumer Confidence Report (CCR) is due to be delivered by July 1st.

You may use any combination of mail, door-to-door, or electronic methods to deliver to bill paying customers. This means you may mail and/or e-mail a message that the CCR is available on the internet or attached to the e-mail. If using the internet, the CCR must be on the internet when customers receive the message and the internet address displayed in the message must lead directly to the entire CCR. The message should tell customers how to request a paper copy. If you normally publish a non-English language CCR, then the notification of CCR availability should also be in that language.

Refer to last year's report and your most recent sample results when preparing this year's report. For more information on preparing your CCR, visit http://michigan.gov/deq. Click on Water, Drinking Water, Community Water Supply, and Consumer Confidence Report Rule.

In addition to delivering your CCR to your consumers by July 1st, you are required to send a copy to the Department of Environmental Quality and to your local health department. Also send us documentation certifying how you delivered the CCR. Certification of delivery is due to us by October 1st, but we encourage you to send it to us when you deliver the CCR by July 1st. You can download the *CCR Certificate of Distribution Form* from the web page noted above. **If you e-delivered the CCR, send**

us a sample copy of the notification of CCR availability. For example, you may have put the notification on a water bill.

Did anybody monitor UCMR in 2014? Did the United States Environmental Protection Agency (U.S. EPA) direct you to monitor for unregulated contaminants during 2014? Report the average and range of each contaminant detected. Also, provide an explanation of this required monitoring, such as, "Unregulated contaminants are those for which the U.S. EPA has not established drinking water standards. Monitoring helps the U.S. EPA to determine where certain contaminants occur and whether it needs to regulate those contaminants. We monitored for these contaminants and results of monitoring are available on request."

Please contact us with your questions. We would like to be available to answer all your questions as you draft your CCR, but we have found that our office is inundated with questions as the deadline nears. You might be best served if you contact us before the end of May.

Failure to deliver the CCR by July 1st is a reporting violation and will result in an administrative fine. Contact our office for more information.

Updated Lansing District Responsibilities:
Please make note of the following updates to the Lansing staff and their responsible areas:

Michael Prysby, P.E., is responsible for District 11, which includes Genesee County. Mike can be reached on his cell phone at 517-290-8817.

Bethel Skinker, P.E., is responsible for District 12, which includes the counties of Eaton, Ingham, and Clinton (minus manufactured housing). Bethel can be reached on her cell phone at 517-290-0686.

Mark Joseph, P.E., is responsible for District 13, which includes Livingston County and the City of Ann Arbor in Washtenaw County. Mark can be reached on his cell phone at 517-290-0170.

Kurt Swendsen, Engineer, is responsible for District 14, which includes the counties of Gratiot, Lapeer, Shiawassee, and all manufactured housing community supplies in Clinton County. Kurt can be reached at 517-525-1487.

All Livingston County water supplies are again regulated through the Lansing District Office.

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING DISTRICT OFFICE

DAN WYANT
DIRECTOR

May 11, 2015

Mr. Howard Kroft, Director of Public Works
City of Flint
1101 South Saginaw Street
Flint, Michigan 48502

WSSN: 02310

Dear Mr. Kroft:

SUBJECT: Flint Cross Connection Control Program

This letter confirms my site visit on April 29, 2015, with Mr. Glen Thomas, Utilities/Cross Connection Division Inspector for the city of Flint. Mr. Stephen Busch from our office was also present. The purpose of the visit, in part, was to discuss the city's Cross Connection Control Program (CCCP).

The city of Flint has made significant progress in recent years regarding the implementation of the city's approved CCCP. This effort has included identification of accounts, inspection and re-inspection of accounts at the approved frequencies, and ensuring the testing of backflow prevention assemblies in accordance with approved frequencies. However, the city's most recent report of annual CCCP activities for 2014 indicates a significant decrease in these activities below minimum requirements, and this deficiency must be address.

Our office fully recognizes the recent staffing loss of the city's previous plumbing inspector and the importance of these plumbing inspection services in providing public health protection, but these activities should not be borne at the cost of the city's CCCP and the protections it provides. Given the bacterial detections that occurred in the city's water distribution system in August and September 2014, along with customer complaints regarding aesthetic water quality, the need for protection through cross connection control are very evident.

We also realize that implementing a CCCP of for a community water system of this magnitude requires a significant commitment of time and personnel. We encourage the city to review CCCP staffing needs and authorize the workforce necessary to comply with the city's approved CCCP requirements.

Should you require further information, please contact me at the telephone number below; via e-mail at prysbym@michigan.gov; or Department of Environmental Quality, P.O. Box 30242, Lansing, Michigan 48909.

Sincerely,

Michael F. Prysby

Michael F. Prysby, P.E.
District Engineer
Office of Drinking Water and
Municipal Assistance
Lansing District Office
(517) 290-8817

mfp/jlr

cc: Mr. Glen Thomas, City of Flint
Mr. Stephen Busch, P.E.

STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING

RICK SNYDER
GOVERNOR

DAN WYANT
DIRECTOR

February 27, 2015

Mr. Gerald Ambrose, Emergency Manager
City of Flint
1101 South Saginaw Street
Flint, Michigan 48502

Dear Mr. Early:

SUBJECT: S2 Grant Program
City of Flint
S2 Grant Project No. 9204-01

We are pleased to inform you that your final disbursement request (No. 7), in the amount of $66,650.62 was paid on February 13, 2014. The project plan was approved on December 13, 2013. The plans and specifications were approved on November 19, 2014. The State Revolving Fund (SRF) loan for Project No. 5439-01 was verified as self-funded via a construction start date of December 3, 2015. The subject S2 Grant project is now administratively complete.

Based on available grant funds, the final S2 Grant amount and local match are $717,531.49 and $79,725.51, respectively. The total final project cost is $797,257. For your files, I am enclosing the S2 Final Project Cost Summary from our database, which reflects and confirms the amounts on your final disbursement request.

Please note that the Michigan Financial Authority (MFA) or the Michigan Department of Environmental Quality (DEQ) may conduct an audit or other review of your project to determine whether Strategic Water Quality Initiatives Fund program requirements have been met. You will be notified in advance of any on-site review. Please retain all project records, whether in written or computerized form, for three years from the date of this letter. If requested, you must provide such records to the MFA, the DEQ, or their agents for inspection.

We are pleased that we could assist you in your effort to protect and preserve the water quality of our state.

If you have any questions, please call the project manager, Mr. Kurt Swendsen at 517-284-5418, or you may contact us by mail at DEQ, P.O. Box 30241, Lansing, Michigan 48909-7741.

Sincerely,

Sonya T. Butler

Sonya T. Butler, Chief
Revolving Loan Section
Office of Drinking Water and Municipal Assistance
517-284-5433

Attachment

cc: Mr. Daughtery Johnson, City of Flint
Mr. Jeff Markstrom, Rowe, Inc., Flint
Ms. Nichole Dorr, MFA
Mr. Chuck Bennett, DEQ-Water Resources Division, Lansing District Office
Ms. Debbie Martinson, DEQ

S2 Final Project Cost Summary

Project Number 9204-01

Grantee	City of Flint			Location	City of Flint
Budget Item		Requested Costs	Approved Costs	Allowable %	Approved Final Costs
1	Planning Costs	$797,257.21	$797,257.21	100.0000%	$797,257.21
			Eligible Cost Subtotal		$797,257.21
			Less 10% Local Match		$79,725.72
			Total Approved Project Cost		$717,531.49

Line Items Final Planning Costs

Project Number 9204-01

Item	Desc. or Invoice Number	Requested	Ineligible	Approved	Reason	Cost Type
1	Rowe invoices 67422 - 69146	$65,568.17	$0.00	$65,568.17	DR1. 5 invoices	Incurred
2	invoice 0069223	$249,360.00	$0.00	$249,360.00	DR2	Incurred
3	invoice 70243	$49,906.40	$0.00	$49,906.40	DR3	Incurred
4	invoices 70514, 70686	$83,150.90	$0.00	$83,150.90	DR4	Incurred
5	invoices 70863, 71040, 71215	$153,141.87	$0.00	$153,141.87	DR5	Incurred
6	invoices 71393, 71545, 71719	$122,073.63	$0.00	$122,073.63	DR6	Incurred
7	invoices 72977, 72570, 72787	$74,056.24	$0.00	$74,056.24	DR7	Incurred
	Total:	$797,257.21	$0.00	$797,257.21		

City of Flint

Dayne Walling
Mayor

Utilities Division

Gerald Ambrose
Emergency Manager

February 9, 2015

Mr. Kurt Swendsen
Michigan Department of Environmental Quality
Constitution Hall
525 W. Allegan
Lansing, MI 48933

Re: City of Flint SRF Project Construction Phase
Project Status Report

Dear Mr. Swendsen:

The City of Flint is writing this letter to inform the MDEQ that the construction phase of the SRF project is underway. As you are aware, the City of Flint will be self-funding the construction project and will be performing most of the construction activities with our own utility crews. The following is a summary of the project as we stand today:

- Construction activities began on December 3, 2014
- To date our crews have been concentrating on rehabilitation of the sanitary manholes along Gilkey Creek, Swartz Creek, Carman Creek and Thread Creek which are tributaries of the Flint River. We have signed a contract with Liquiforce to perform the sewer lining items that the City of Flint staff is not able to self-perform.
- The City of Flint has allocated 2 crews consisting of 8 staff. The project is being managed by Rob Smith, our Sewer Systems Supervisor.
- Based on our understanding of the project, we anticipate construction activities to continue through the 2015 construction season with a completion date of November 2015.
- We have kept our consultant, ROWE Professional Services Company, apprised of our progress.

We trust that this letter addresses the concerns of the MDEQ relating to the progress of the SRF construction phase. If you have any questions or require additional information, please contact Daugherty Johnson, Utilities Administrator at djohnson@cityofflint.com.

Sincerely,

Jerry Ambrose
Emergency Manager

Cc: Daugherty Johnson, City of Flint
Jeff Markstrom, ROWE

Swendsen, Kurt (DEQ)

From: Daugherty Johnson <djohnson@cityofflint.com>
Sent: Thursday, February 19, 2015 11:21 AM
To: Swendsen, Kurt (DEQ)
Cc: Robert Smith; Jeff Markstrom
Subject: City of Flint SRF project progress
Attachments: SRF progress letter Feb 2015.pdf

Hell Kurt. I have attached a letter detailing our progress on our self funded SRF project. If you have any questions please call me at (810) 577-8906 or email. We will also send a hard copy of the letter.

Thank you
Daugherty Johnson
Utilities Administrator
City of Flint

Wurfel, Brad (DEQ)

From: Busch, Stephen (DEQ)
Sent: Friday, May 01, 2015 12:17 PM
To: Prysby, Mike (DEQ); gthomas@cityofflint.com
Subject: RE: Premise plumning
Attachments: Final Genesee supplemental questionnaire 2-23-15.docx

Glen,

The attached questionnaire that would be utilized by the Local Health Department and Department of Health and Human Services provides additional detail of what to be on the lookout for (See Questions 12 and 13). As we indicated almost every service connection could potentially have some element associated with what is listed in this questionnaire, but we are just looking for a rough list of those with more non-typical appurtenances such as spas, grocery stores with spray/mist system, garden/nurseries with mist irrigation, etc., and those that Mike provided. Thanks.

Stephen Busch, P.E.
Lansing and Jackson District Supervisor
Office of Drinking Water and Municipal Assistance
MDEQ
517-643-2314

From: Prysby, Mike (DEQ)
Sent: Friday, May 01, 2015 9:56 AM
To: gthomas@cityofflint.com
Cc: Busch, Stephen (DEQ)
Subject: Premise plumning

Glen,

Based upon our discussion during our April 29th, 2015 site visit, approximately 40-45 commercial/industrial customers were identified as a potential candidate for needing a premise plumbing Water Safety Plan (WSP). Attached is a list of mechanical components within building premise plumbing to assist you in confirming this and/or identifying additional customers that could serve as WSP candidates. Please send us your completed list at your earliest convenience. Thanks.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

MDSS ID _____

Legionellosis Questionnaire
Genesee County, 2014-2015

Interviewer Identification

Date of Interview: _____ Interviewer's Name: _____
Health Dept.: _____ Phone Number: _____ E-mail: _____

What was the patient's outcome? ☐ *RECOVERED* ☐ *STILL ILL* ☐ *DIED* ☐ *UNK*

Patient Contact Information

Name: _____ Age: _____ Sex: ☐ M ☐ F
Street address: _____ City: _____
State: _____ Zip: _____ County: _____
Daytime Phone: _____ Evening Phone: _____

Surrogate Contact Information *<List surrogate contact information if patient is too unwell or has died>*

Name: _____
Daytime Phone: _____ Evening Phone: _____
Relationship to Patient: _____

Hello, my name is _____ and I'm calling from _____ (health department). We are investigating a cluster of respiratory illnesses in Genesee County. At this point, the source of these illnesses is still under investigation. We are hoping this interview will provide further information and answers about the illnesses. I'd like to ask you a few questions about your home and your exposures during the 2 weeks before you got sick. You do not have to answer any of the questions, but any assistance you can provide is appreciated. Do you have about 30 minutes to talk? If not now, when would be a good time for me to call back? _____

<If the case is from more than 1 month prior, the following text may be used: >
It might be helpful for you to collect documents such as a calendar, receipts, credit card or bank statements to jog your memory about your activities and where you were in the 2 weeks prior to getting sick. The only information we would ask you to share from these are dates and locations. Would you like me to call you back after you have time to collect these materials? When would be a convenient day and time for me to call you back? _____

I have that your first symptom started on *<insert onset date>* _____. Is this correct?

☐ Yes ☐ No ☐ Not sure

If no, what was the first date you started feeling sick? ___/___/_____

List dates of exposure period: from ___/___/___ *to* ___/___/___ *<The exposure period includes the 2 weeks before the date of illness onset>*

MDSS ID _____

Illness Information

1.) During your illness, did you have any of the following symptoms?

	Check one:		
	YES	NO	UNK
Diagnosis of pneumonia			
Fever If yes, highest temp:_____			
Chills			
Cough			
Nausea			
Vomiting			
Diarrhea			
Aches or muscle pains			
Chest pain			
Shortness of breath			
Sore throat			
Headaches			
Other symptoms (*specify*):			

Exposure Information

2.) How long have you lived at your current residence? _____

<If they have moved since the listed exposure period, indicate that you are asking about the house they lived in prior to becoming sick>

a.) If you moved after the exposure period/illness, what was your previous residence address? _____

3.) Where did you get your tap (drinking and other household use) water from between ___/___/___ and ___/___/___ ? *<Exposure period from above>*

- ☐ 1. City of Flint Water
- ☐ 2. City of Flint Township Water
- ☐ 3. Other municipal water system
- ☐ 4. Private well
- ☐ 5. Unknown
- ☐ 6. Other _____

4.) During the last year, has the water pressure at your residence changed? ☐ Yes ☐ No ☐ Not Sure

a.) If yes, did the water pressure: ☐ Increase ☐ Decrease

b). If yes, when did the water pressure change occur? _____

MDSS ID _____

5.) During the last year, has the water quality (appearance, taste, smell) at your residence changed?
☐Yes ☐No ☐Not Sure
a.) If yes, please describe the change in the water quality:_____
_____
b). If yes, when did the water quality change occur? _____

6.) Prior to your illness, did you make any recent plumbing changes or repairs at your residence?
☐Yes ☐No ☐Not sure
a.) If yes, please describe the changes/repairs and give the dates the work was done.
_____
_____

7.) Prior to your illness, were there any water main breaks or other water line issues that affected the water at your residence, including boil water advisories? ☐Yes ☐No ☐Not sure
a.) If yes, please describe the water main/line issues or boil water advisories and give the dates they occurred.
_____
_____

I'd like to ask you some questions about what you did during the 2 weeks **before** you got sick.
The time period I'm asking about is between ___/___/___ and ___/___/___.*<Exposure period>*
During this 2 week period, did you:

8.) Work or volunteer, either full or part time? ☐Yes ☐No ☐Not sure
a.) If yes, complete the following table:

Job description	Company	Location	Any exposure to misty water?

9.) Spend any time in a hospital, doctor's office, clinic, or dentist office as a patient, visitor, employee, or volunteer? ☐Yes ☐No ☐Not sure
a.) If yes, check all that apply:

Exposure	Date(s)	Reason for Visit	Name & City of Hospital/ Office/ Clinic	Name of Doctor
Inpatient ☐	Admission_____ Discharge_____			
Outpatient ☐				
Visitor ☐				
Employee ☐				
Volunteer ☐				

MDSS ID _____

10.) Visit, reside, or work in a long term care facility, nursing home, assisted living facility, or senior living facility? ☐Yes ☐No ☐Not sure

a.) If yes, complete the following table:

Exposure	Date(s)	Name & City of Facility
Resident ☐		
Visitor ☐		
Employee ☐		

11.) In the 2 weeks before you before you got sick (___/___/___ to ___/___/___), did you spend any nights away from home (excluding healthcare settings)? ☐Yes ☐No ☐Not sure

a.) If yes, complete the following table: *<prompts: hotel, campground, cabin, cruise, second home, with family, etc.>*

Accommodation Type/Name	Address Street, City, State	Floor/Room No.	Dates of Stay	
			Arrival	Departure

12.) In the 2 weeks before you before you got sick (___/___/___ to ___/___/___), did you visit any of the following community venues?

	Check one:					
Venue	YES	NO	UNK	Date(s)	Name of Venue	Address
Hotel (*without* staying overnight – e.g. dinner, wedding)						
Auditorium						
Barbershop or Hair salon						
Car wash						
Casino						
Church or Place of worship						
Gym or Work out facility						
Grocery store						
Home improvement store						
Spa or Nail salon						
Mall or Department store						
Movie theater						
Other (*specify*)						

MDSS ID _____

13.) In the 2 weeks before you before you got sick (___/___/___ to ___/___/___), did you have exposure to any of the following water sources, either ***at home*** or while ***away from home***?

	Check one:				
Exposures ***at home***	YES	NO	UNK	Dates (s)	Description: Name (or Type)/Location
Shower					
Use a detachable shower head or hose					
Hot tub, whirlpool spa, Jacuzzi tub					
Sat NEAR a working hot tub or whirlpool spa but did not get in					
Steam room or wet sauna					
Humidifier (whole house or portable)					If yes, specify type: If yes, what type of water is used in device? □Bottled □Tap □Other:_____
Respiratory therapy machine (e.g. nebulizer, CPAP, BiPAP, etc.)					If yes, specify type: If yes, what type of water is used in device? □Bottled □Tap □Other:_____
Other (*specify*)					

Exposures ***away from home***	YES	NO	UNK	Dates (s)	Description: Name (or Type)/Location
Shower at gym, work, other location					
Use a detachable shower head or hose					
Hot tub, whirlpool spa, Jacuzzi tub					
Sat NEAR a working hot tub or whirlpool spa but did not get in					
Humidifier (whole house or portable)					If yes, specify type: If yes, what type of water is used in device? □Bottled □Tap □Other:_____
Pool/splash pad/waterpark					
Recreational or cooling misters					
Steam room or wet sauna					
Decorative fountain					
Outdoor watering hose or sprinkler					
Beach, lake, pond, river, creek, etc.					
Other (*specify*)					

MDSS ID _____

Medical History

Now I'm going to ask a few questions about your medical history and health behaviors.

14.) Have you ever been told by a healthcare provider that you had any of the following conditions:

	Check one:			
Condition	YES	NO	UNK	Comments
Chronic kidney disease				
Weakened immune system (due to cancer, chemotherapy , radiation therapy, immunosuppressive meds, HIV, organ transplant, etc.)				
Diabetes				
Chronic lung disease (COPD, emphysema)				
Asthma or chronic bronchitis				
Heart disease or congestive heart failure				
Liver disease				
Other conditions (*specify*)				

15.) Health behaviors:

	Check one:			
	YES	NO	Quantity per day (packs or drinks)	Duration (years)
Are you currently a smoker?				
Are you a former smoker?				
Do you drink alcohol?				

16.) Do you know anyone else with similar symptoms? ☐ Yes ☐ No ☐ Not sure

a.) If yes, complete the following table:

Name	Phone	State of Residence	Details of Shared Exposure

Additional Comments _____

_____

_____

_____

_____

Thank you so much for taking the time to answer these questions. Do you have any questions that I can help answer? If you have any questions or remember any further details later, please contact the _____ (health department) at phone: _____.

Wurfel, Brad (DEQ)

From: Busch, Stephen (DEQ)
Sent: Tuesday, March 17, 2015 2:02 PM
To: Howard Croft (hcroft@cityofflint.com); Brent Wright (bwright@cityofflint.com); mglasgow@cityofflint.com; Daugherty Johnson (djohnson@cityofflint.com)
Cc: Gerald Ambrose (gambrose@cityofflint.com); nhenderson@cityofflint.com; Prysby, Mike (DEQ)
Subject: Water Quality Optimization Strategy

Howard,

As Mike Prysby and I mentioned during our phone call earlier today, the City should be taking action to optimize water quality in the City's distribution system which will in turn provide the City's water customers with water quality that helps limit the potential for legionella occurrence in premise plumbing. It is recognized that contraction of Legionnaires' Disease is not from ingestion of potable water and not regulated under Safe Drinking Water Act requirements. Further, there is currently no direct evidence of legionella in the City's public water system. However, actions by the City of Flint water system can help minimize the potential for an outbreak in customer plumbing systems.

These actions include the following:

- Water main pigging and flushing to remove biofilm, tuberculation, and sediment throughout the distribution system. Failure to remove such material will limit the effectiveness of any disinfectant. Pigging is the preferred process and equipment can be obtained at minimal cost. As the growth range for legionella starts at 68 degrees F, conducting this work as soon as possible in the spring and early summer with cooler temperatures would help reduce the potential for formation under warmer water conditions.

- Maintain pH levels of 7.2-7.8 in finished water and distribution system when possible to maximize the disinfection and oxidation potential of the hypochlorous acid residual (versus the less potent hypochlorite ion). Any optimized corrosion control plan practices regarding pH levels must be taken into consideration.

- Maintain a minimum free chlorine residual of 0.5 mg/L throughout the distribution system when possible. Continuous residual at this level has been shown to be effective in control of legionella. (This will need to be balanced with requirements to limit TTHM formation and comply with the TTHM standard.)

- Continuous operation and optimization of the ozone treatment equipment to treat raw source water. Ozone is highly effective in the destruction of legionella bacteria.

- Conduct routine monitoring for legionella bacteria at the water treatment plant tap and at locations in the distribution system. Note: sample locations must take water directly off the main and not be from premise plumbing systems. Distribution locations could include storage tank inlets or pumping stations. Monitoring at the WTP plant tap would demonstrate removal of any legionella present in raw source water. A private laboratory that specializes in water sample analysis for legionella would need to be used.

- Optimize water treatment plant operation for pathogen reduction under surface water treatment rule requirements. Optimizing the removal for similar pathogens can help reduce the potential for legionella.

A conference call with City staff would probably be best to facilitate further discussions of these actions in more detail. Mike and I can make ourselves available this week to discuss and answer any questions.

Stephen Busch, P.E.
Lansing and Jackson District Supervisor
Office of Drinking Water and Municipal Assistance
MDEQ
517-643-2314

Wurfel, Brad (DEQ)

From: Prysby, Mike (DEQ)
Sent: Friday, February 20, 2015 8:41 AM
To: 'bwright@cityofflint.com'
Subject: call

Brent,

Are we having a conference call today? I am available, give me a time for the call and I will make my-self available.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

Wurfel, Brad (DEQ)

From: Prysby, Mike (DEQ)
Sent: Friday, April 03, 2015 11:55 AM
To: Michael Glasgow; 'bwright@cityofflint.com'
Subject: Flint MORs

Mike, Brent

I was looking at Flint's MORs and I just noticed that ozone treatment parameters (ozone dosage and residuals) are not included. Ozone treatment parameters need to be included in the MOR. Please include this in future MORs. Also, if you can resurrect the ozone treatment parameters from previous months of operation (since going to the Flint River).....we would like that information to include in the previous MORs. Thanks.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

Wurfel, Brad (DEQ)

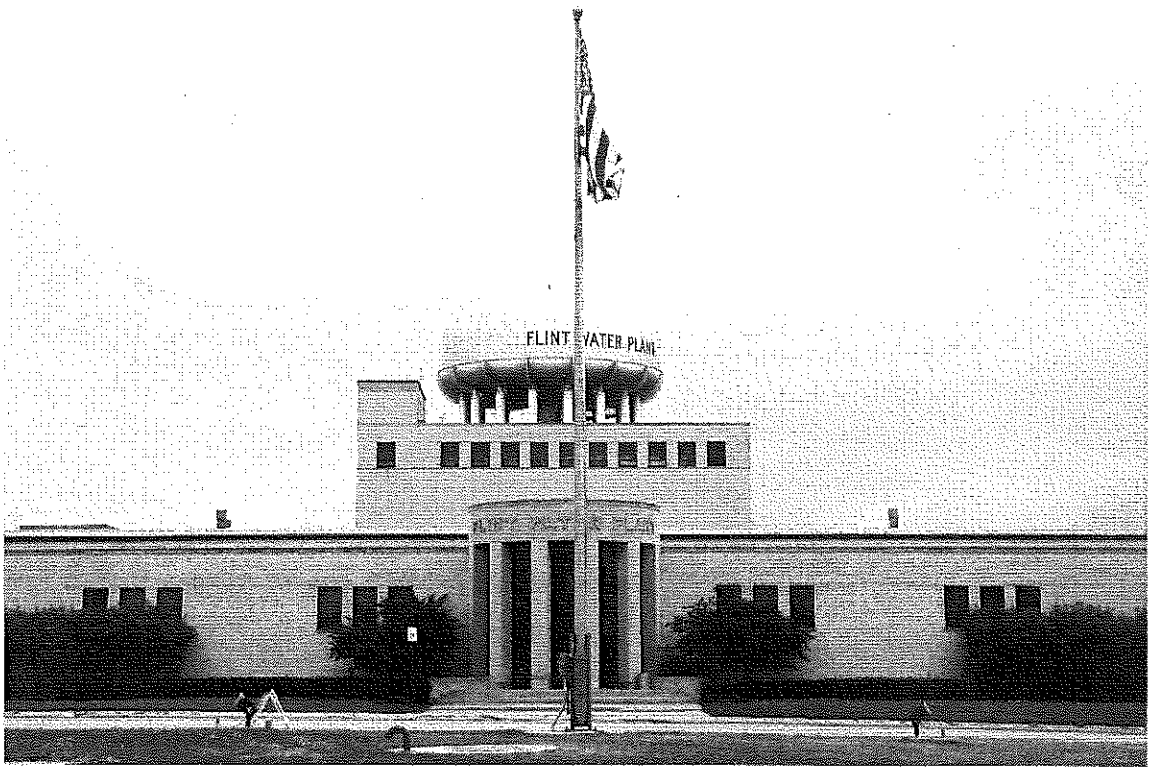
From:	Prysby, Mike (DEQ)
Sent:	Friday, February 06, 2015 1:48 PM
To:	emurphy@cityofflint.com
Cc:	'bwright@cityofflint.com'
Subject:	Flint River Source Water Assessment
Attachments:	Flint River Source Water Assess..doc

Elizabeth,

Attached is a copy of the Flint River Source Water Assessment report for your information. Water treatment plant staff should have a copy of this report, if not, please provide them with a copy.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

Source Water Assessment Report for the City of Flint Water Supply Flint River Emergency Intake February 2004



City of Flint Water Treatment Plant, Flint, Michigan

Prepared for:

City of Flint Water Supply; WSSN 2310

Prepared by:

U.S. Geological Survey, Water Resources Division, Michigan District
Michigan Department of Environmental Quality, Water Division
City of Flint Water Utilities Department

Michigan Source Water Assessment Report 54

Executive Summary

The purpose of the Source Water Assessment is to analyze the sensitivity and determine susceptibility of a community's source of drinking water to potential sources of contamination.

Sensitivity is determined from the natural setting of the source water (raw water to the water treatment plant), and indicates natural protection afforded the source water. Using procedures established in the Great Lakes Protocol, Michigan Source Water Assessment Program, the ***emergency*** *intake for the Flint Water Treatment Plant has a very high degree of sensitivity to potential contaminants. When the effects of agricultural and urban runoff in the Flint River watershed are considered, the Flint intake is categorized as very highly sensitive.*

Susceptibility identifies factors within the community's source water area that may pose a risk to the water supply. The susceptibility determination provides information with respect to listed facilities and land areas within the source water area that should be given greater priority and oversight in implementing a source water protection program. The source water area for the Flint ***emergency*** *intake includes 96 potential contaminant sources, 16 listed potential contaminant sources within the susceptible area, plus urban and agricultural runoff from the Flint River watershed into the Flint River. The potential contaminant sources, in combination with the very highly sensitive intake, indicate that the Flint* ***emergency*** *intake source water is very highly susceptible to potential contamination.*

The Flint ***emergency*** *intake source water is categorized as very highly susceptible, given land uses and potential contaminant sources within the source water area. However, it is noted that when operating, the City of Flint Water Treatment Plant has effectively treated this source water to meet drinking water standards. The City of Flint has instituted pollution prevention programs, but should be cognizant of additional potential threats to its source of drinking water that are identified in this report. This report explains the background and basis for these determinations.*

Using this Assessment

Clean, safe drinking water is fundamental to the viability of any community. Protecting the drinking water source is a wise and relatively inexpensive investment in your community's future. The overall intent of this assessment is to provide background information for your community to use in developing a local source water protection program. The assessment benefits your community by providing the following:

- ***A basis for focusing limited resources within the community to protect the drinking water source(s).***

  The assessment provides your community with information regarding activities within the **source water area (SWA)** that directly affect your water supply. It is within this SWA that a spill or improper use of **potential contaminants** may cause these contaminants to migrate toward the water **intake**. By examining where the source waters are most susceptible to contaminants, and where potential contaminants are located, the assessment clearly illustrates the potential risks that should be addressed.

- ***A basis for informed decision-making regarding land use within the community.***

  The assessment provides your community with a significant amount of information regarding where your drinking water comes from (the source) and what the risks are to the quality of that source. Knowing where the resource is allows your community planning authorities to

make informed decisions regarding proposed land uses within the SWA that are compatible with both your drinking water resource and the vision of growth embraced by your community.

- ***A basis for dealing with future regulations.***

  The assessment has been designed to functionally meet proposed requirements for surface-water supplies. Information needed to address regulatory needs and requirements has been collected and made available to your community through this report.

This source water assessment also provides the basis for a locally developed, voluntary source water protection program. Communities interested in voluntarily developing source water protection programs should contact the Michigan Department of Environmental Quality (MDEQ) or visit the Department web page at http://www.deq.state.mi.us.

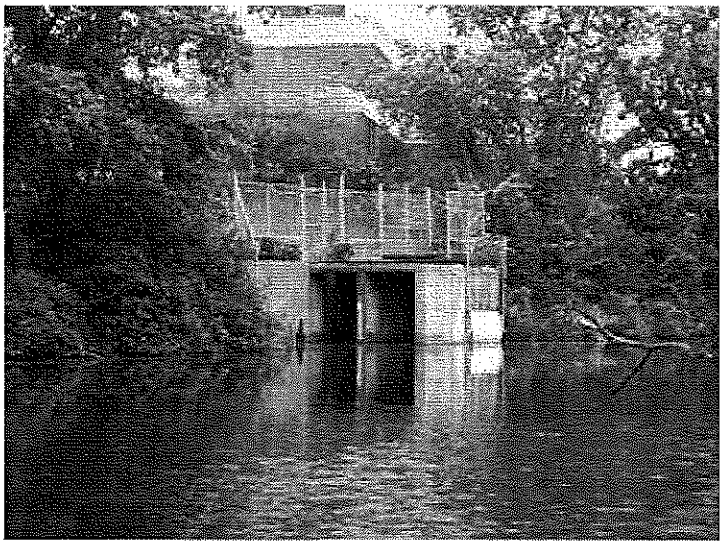
Introduction

In 1996, Congress amended the **Safe Drinking Water Act** and provided resources for state agencies to conduct source water assessments by identifying SWAs, analyzing the **sensitivity** of the source to natural conditions, conducting contaminant source inventories, and determining the **susceptibility** of the source to potential contamination. Delineations, sensitivity analyses, contaminant inventories, and susceptibility determinations comprise a "source water assessment." Assessments will be completed for every public water supply source in Michigan. To support this effort, the MDEQ Water Division established a partnership with the U.S. Geological Survey (USGS) to develop a method for conducting source water assessments for surface water supplies (Sweat and others, 2000; Sweat and others, 2001).

The requirements for public water supplies in Michigan to meet United States Environmental Protection Agency (USEPA) **maximum contaminant levels** (MCLs) provide some degree of assurance of safe drinking water; however, all systems are vulnerable to potential contamination. One of the best ways to ensure safe drinking water is to develop a local program designed to protect the source of drinking water against potential contamination. Not only does this add a margin of safety, but it also raises the awareness of consumers and/or the community of the risks of drinking water contamination. It is expected that source water assessment results will provide a basis for developing a source water protection program.

Background

Flint is located in Genesee County, about 55 miles northwest of Detroit, Michigan (fig. 1). The city of Flint water supply serves a population of 125,000. In 1967, the city connected to the Detroit Water and Sewage Department (DWSD) water supply and the Flint Water Treatment Plant (WTP) was placed on stand-by operation. The city is required by the MDEQ to maintain this treatment facility for reliabilty since the city obtains treated water through a single pipeline from the DWSD Lake Huron WTP which is subject to interruption of service. The present intake at the Flint WTP was constructed in 1948 and consists of a concrete box structure on the edge of the Flint River. The intake structure has a bottom elevation of 700.00 and connects through a 72-inch concrete pipe to the low service pump station. Low service pumps lift the river water through the WTP processes of conventional treatment and lime-soda softening .



Flint WTP Emergency, Flint River Intake Structure (Viewed from downstream)

Treatment at the plant includes the addition ferric chloride as a coagulant, lime and soda ash for softening, chlorine for disinfection, and fluoride addition for dental health.

Water treatment plants are periodically inspected to identify construction, maintenance, operational or source defects that could make them vulnerable to contamination, particularly from contaminants that are microbial in nature, such as fecal coliforms. Water suppliers are provided a sanitary survey report that notes deficiencies in the system, and the State may direct the system to make necessary corrections. The sanitary survey is an important part of a safe drinking water program.

Climate

The Flint water supply is located in the central Lower Peninsula hydrologic province (Rheaume, 1991), in the Flint River watershed (USGS, 1974, 1982). The region experiences temperate summers with moderate winters. The Flint Bishop International Airport Weather Bureau station reports that the average annual precipitation for the climatic years 1887-2001 was 30.28 inches and the average from the past 5 years is 31.42 inches (NOAA, 2001), with about 13 percent of that as snowfall between November and March. Annual average runoff for the Flint SWA, extrapolated from Miller and Twenter (1986, fig. 1) is 9 to 10 inches.

Source Water Area Geology and Hydrology

The study area for evaluating the extent of the Flint emergency intake SWA includes the upper reaches of the Flint River watershed (fig. 1). Flint is located roughly in the middle of the Flint River watershed. The SWA consists of lacustrine clays and silts; end moraines of coarse- and medium-textured till; fine-, medium-, and coarse-textured glacial tills ; and postglacial alluvium. The SWA is underlain by Bayport Limestone, Marshall Sandstone and mixed shales, sandstones, and limetsones of the Saginaw and Michigan Formations (Martin, 1955; Milstein, 1987). Soils underlying the Flint SWA are primarily associations of the Blount, Boyer, Brookston, Capac, Ceresco, Celina, Chelsea, Cohoctah, Conover, Del Ray, Kibbie, Lapeer, Lenawee, McBride, Metea, Miami, Montcalm, Sloan, Spinks series (U.S. Department of Agriculture, 1961; BASINS, 1998; MIRIS, 2000). They include loams, loamy sands, fine sandy loams, silty clay and muck.

Flint River – Source Water for City of Flint WTP

Soil permeability is based on the calculated time of travel, in inches per hour (in/hr), for water to move vertically through a saturated soil zone. Soil thickness and permeability values are available in soil survey reports published by the National Cooperative Soil Survey and U.S. Department of Agriculture (1982, 1992, 1993, also 2 county reprints in press). Permeability ranges from less than 0.06 in/hr, rated as very slow, to more than 20 in/hr, rated as very rapid.

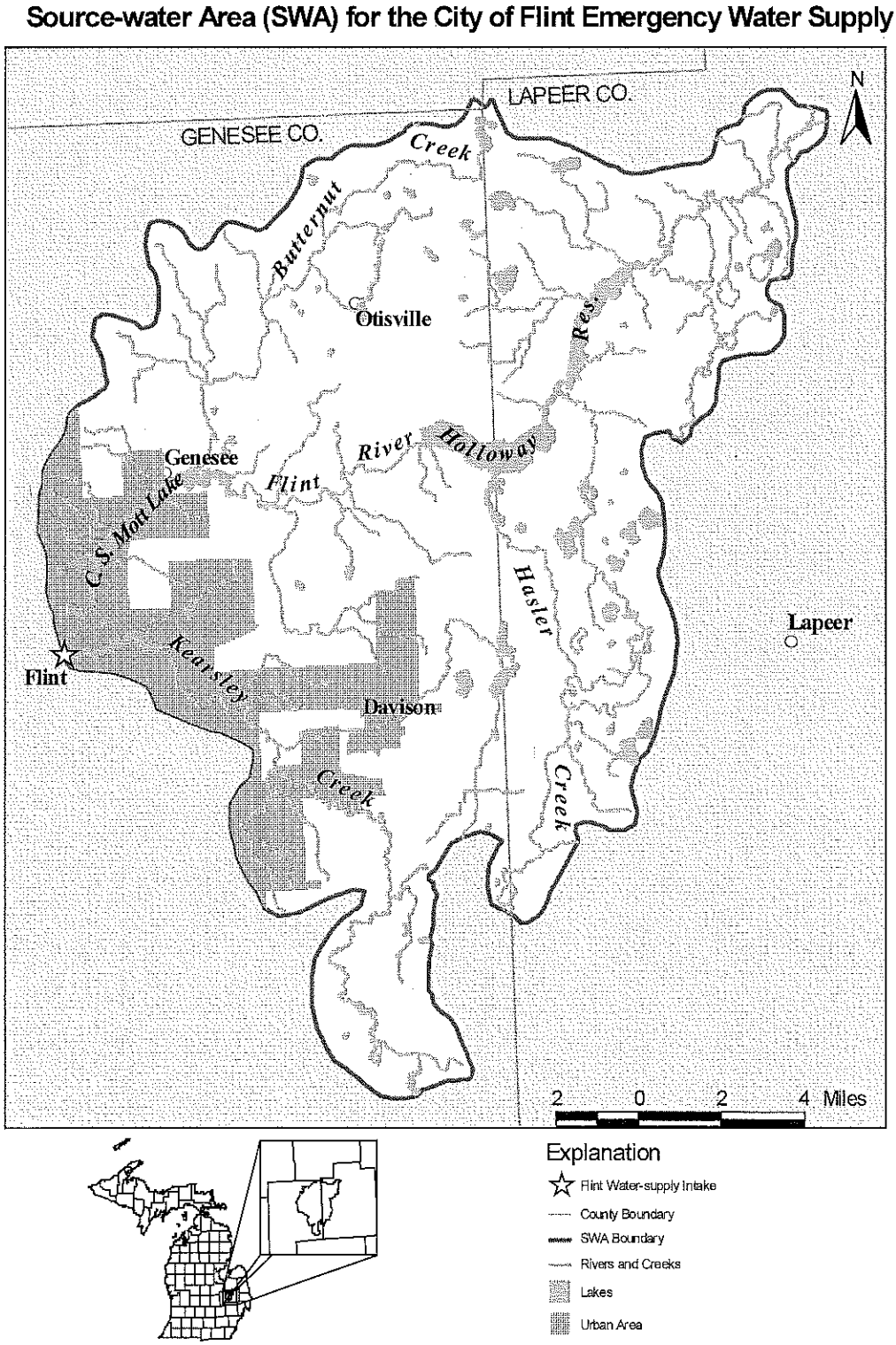
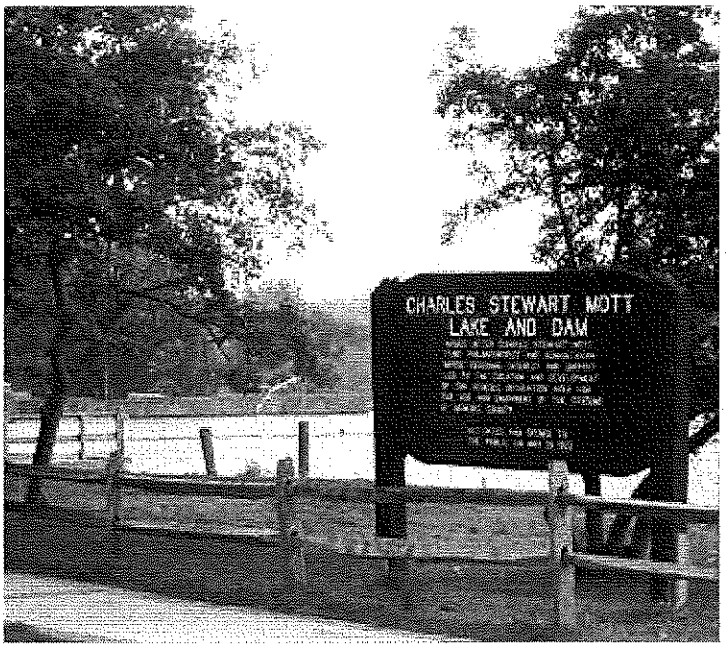


Figure 1. Source-water area (SWA) for the evaluation of the Flint emergency intake, Flint, MI.

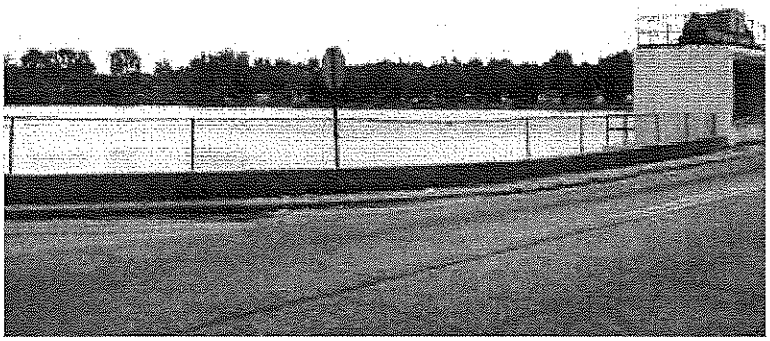


Mott Lake and Dam on Flint River upstream of Flint WTP

Very slowly permeable soils significantly reduce the movement of water through the soil zone and, as a result, allow greater time for natural degradation of contaminants. However, such soils also provide for rapid overland transport of contaminants directly to receiving waters, which in turn may affect the water supply intake. Erosion and transport of soils by surface waters can cause an increase in turbidity. In contrast, very rapidly permeable soils allow for rapid infiltration and passage through the soil zone from the surface. Such soils potentially allow rapid transport of contaminants with minimal contact-time available for contaminant breakdown.

Mean, area-weighted, depth-integrated permeabilities for the Flint SWA range from 0.6 to as much as 7.8 in/hr. The mean permeability is 3.1in/hr (Schneider and Erickson, undated, series of 5 maps; BASINS, 1998; MIRIS, 2000). Soil permeability ranges from moderately slow in the northeastern portion of the SWA to moderate over the eastern portion of the SWA to moderately rapid throughout the central and western portions of the SWA, and rapid around the Flint River (fig. 2; U.S. Department of Agriculture, 1961; BASINS, 1998; MIRIS, 2000). Areas adjacent to the Flint River are underlain by highly sensitive drift lithologies, whereas the remainder of the SWA is underlain by least sensitive drift lithology (Lusch and others, 1992).

The Flint SWA contains an area of about 237 square miles (mi2). There are is one operable gage within the Flint SWA and a Flint River gage which operates approximately 9 miles downstream from the Flint Emergency Intake. Between 1932 and 2002 discharge has been recorded at this station by the USGS (Blumer and others, 2002). Annual mean discharge at the Flint River at Flint gauging station was 339 cubic feet per second (cfs) between 1932 and 2001, and ranged from 153 to 1258 cfs. Velocity measured at this stream gage was used to estimate the distance in which contaminants could travel within 24 hours, or the 24-hour time-of-travel (TOT) for this area on the Flint River. The distance calculated for the 24-hour TOT was approximately 27 miles.



Kearsley Lake and Dam on Kearsley Creek Upstream of Discharge to Flint River and Flint WTP Emergency Intake

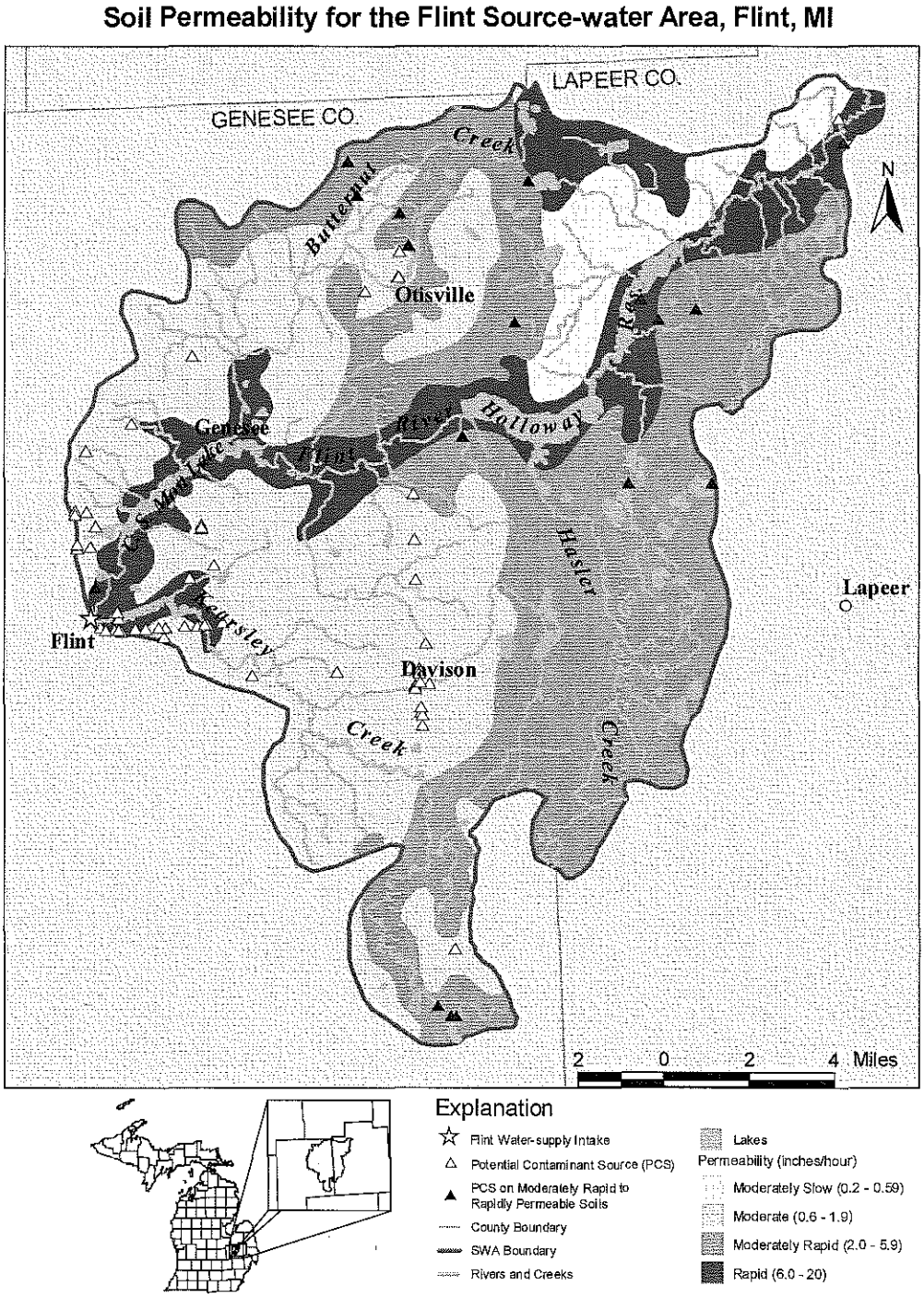


Figure 2. Soil permeability for the Flint emergency water-supply intake SWA. Flint, MI.

History of Raw Water Quality at the Source

Public water supplies are required to routinely monitor raw water quality for selected parameters to optimize treatment, and to monitor treated water quality for a list of contaminants that is determined by MDEQ and the Safe Drinking Water Act. A detection of any contaminant may indicate that a pathway exists for contaminants to reach the intake. It is important to realize that the results from a given sample only provide information regarding the water quality at the time the sample was collected. Water quality can change with time for a number of reasons. The fact that a water sample does not contain contaminants is no guarantee that contamination will not occur in the future. Conversely, the detection of a contaminant in the past does not indicate that it will occur in the future.

The Flint WTP records for the last 3 years of routine operation, 1965-1967 show that water use fluctuated between 34.4 and 46.5 million gallons per day (MGD), with an average daily use of 38.5 MGD. Raw water quality reported for these three years ranged from 5 to 183 nephelometric turbidity units (NTU) for turbidity, 203 to 375 mg/l total hardness as CaCO3, 116 to 235 mg/l alkalinity as CaCO3, 16 to 46 mg/l chlorides and 8.2 to 8.5 units for pH. Precipitation events were noted to increase turbidity and lower hardness. An analysis of flow duration for the Flint River and source water chemistry would probably indicate that there may be an indirect correlation between turbidity, suspended sediments, and coliforms and high flows associated with spring snowmelt and precipitation runoff events.

In recent years, the Flint WTP has undergone operational and process improvements for water treatment. Raw water quality during these testing periods when the WTP was operating but discharging to waste are noted in the table below.

Date of Tests	Turbidity	Total Organic Carbon	pH	Alkalinity	Hardness
	(NTU)	(mg/l)	(pH units)	(mg/l)	(mg/l)
12/5-7/2000	4.2	8.75	7.8	249	324
1/16-18/2001	2.4	8.5	7.7	275	363
3/20-21-2001	5.4	N/A	7.9	196	266
4/16-18/2001	7.6	8.6	8.2	213	284

Source Water Assessment Methodology

Technical guidelines for completing source water assessments are contained in the Michigan Source Water Assessment Program, Assessment Protocol for Great Lakes Sources (Protocol) (MDEQ, 1999, Appendix L) available at http://www.deq.state.mi.us/dwr. In general, an assessment is a process for evaluating a drinking water supply and the potential for its treated water to exceed an MCL due to raw water contamination. A source water assessment considers the SWA, potential sources of contamination within the SWA, conditions of the water supply intake, and susceptibility to contaminants in order to identify potential risks to drinking water quality. Although the Protocol provides the minimum requirements and instructions on how to conduct an assessment, each water supply is unique with respect to how the process is carried out, due to local conditions and information. Sweat and others (2000, 2001) have developed and documented the methodology used in the preparation of this assessment.

Delineating Source Water Areas

Delineation of the SWA is accomplished by using geographic information system (GIS) software to map the watershed(s) that have the potential to affect source water at the intake. Using information from the water supply, a critical assessment zone (CAZ) is defined for the intake (MDEQ, 1999, Appendix L). A buffer is then created along any shoreline intersected by the CAZ, and from the edge of the CAZ to the mouth of any river(s) that might influence the intake. Finally, the buffer is extended along the shoreline of any river(s) that might influence the intake, from the mouth of the river to its headwaters. The area defined by the CAZ, river and shoreline buffers is termed the susceptible area. The susceptible area within the SWA defines locations where a water supply should focus its management strategies and resources to benefit the drinking water resources.

Using the Great Lakes Protocol and the Flint water supply information:

- The CAZ for the Flint intake is assigned as 3,000 ft since the intake is located in an inland river (fig. 3).
- The susceptible area along the shoreline is determined to be: A distance of 300 ft inland along the banks of the Flint River and its tributaries (fig. 4).

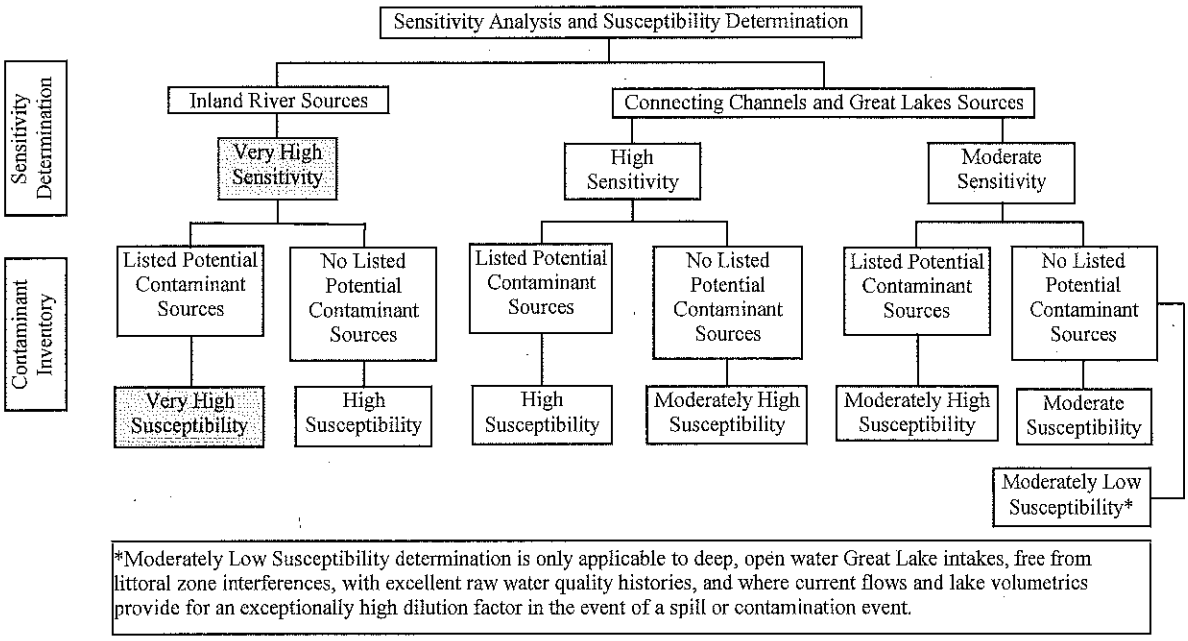


Figure 53. Surface-water sSource sSensitivity aAnalyses and sSusceptibility dDetermination for the ~~Ann Arbor~~Flint emergency water-treatment-plant source-water areas.

Contaminant Source Inventory

Past, current, and potential future sources of contaminants were inventoried to identify several categories of potential sources of contaminants including microorganisms (bacteria, oocysts, and viruses), inorganic compounds (nitrates and metals), organic compounds (solvents, petroleum compounds, pesticides), and disinfection by-product precursors (trihalomethanes, haloacetic acids).

It is important to remember that sites and areas identified by this process are only potential contaminant sources used and managed properly. In addition, assumptions were made about particular types of land uses and risks associated with those land uses. Assumptions are discussed further in the results portion of this report.

The process for completing the inventory included several steps, which are summarized as follows:

1. Reviewed readily available land use maps and historical/current aerial photographs.
2. Plotted relevant information from applicable state and federal regulatory databases including the following lists:
   - MDEQ leaking underground storage tank (LUST) sites;
   - MDEQ registered underground storage tank (UST) sites;
   - MDEQ Environmental Cleanup Site Information System (ECSI) sites;

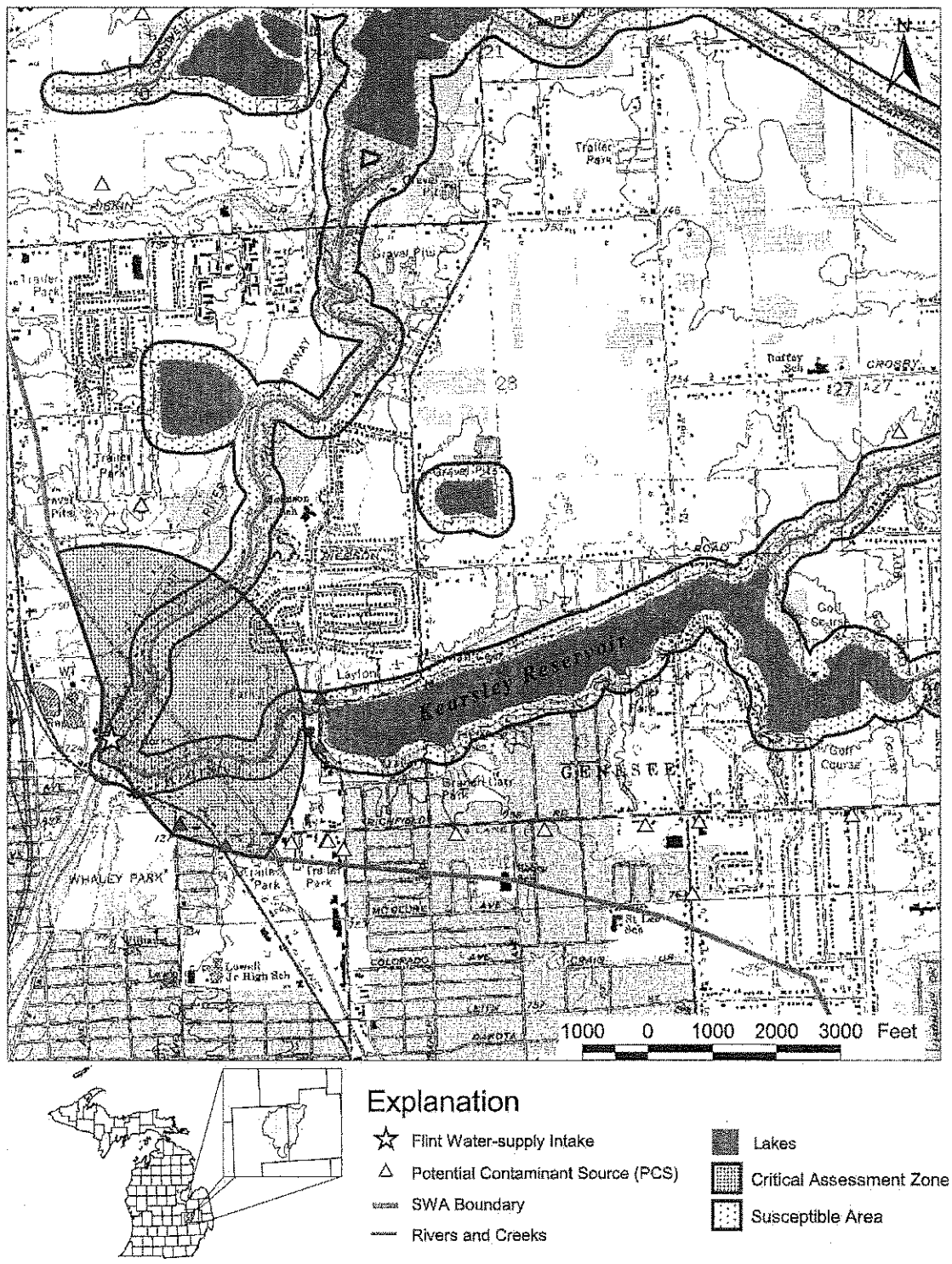


Figure 4. Critical Assessment Zone (CAZ) for the Flint emergency water-supply intake, Flint, MI.

- ·MDEQ Source Information System (for water discharge permit sites including National Pollutant Discharge Elimination System (NPDES) permits, Water Pollution Control Facility (WPCF) permits, storm water discharge permits, and on-site sewage (septic) system permits);
- ·MDEQ Underground Injection Control (UIC) database;
- ·MDEQ Active Solid Waste Disposal Permits list;
- ·Michigan Department of Transportation (MDOT) - Hazardous Materials database;
- ·State Fire Marshall registry of above-ground fuel storage tank sites;
- ·State Fire Marshall Hazardous Material Handlers and Hazardous Material Incidents (HAZMAT) sites;
- ·U.S. EPA BASINS software, version 2.1.
- ·U.S. EPA Envirofacts database;
- ·U.S. EPA Resource Conservation Recovery Act (RCRA) generators or notifiers list;
- ·U.S. EPA RCRA Treatment, Storage, and Disposal Facility (TSDF) Permits list;
- ·U.S. EPA National Priorities List (NPL);
- ·U.S. EPA Comprehensive Environmental Response, Compensation and Liability Information System (CERCLA) List;
- ·U.S. EPA RCRA Corrective Action Activity List (CORRACTS);
- ·U.S. Department of Transportation (DOT) Hazardous Materials Information Reporting System (HMIRS);
- ·U.S. EPA Toxic Chemical Release Inventory System (TRIS); and
- ·U.S. EPA Oil Pollution Act of 1990 Spill Response Atlas

3. Met with public water supply and community officials on June 11, 2003 to identify potential sources not listed elsewhere in databases or on maps and completed a preliminary inventory form to be used in completing the SWA base map. Subsequent contacts by email and telephone on numerous occasions to request additional data, clarify data, and discuss results.
4. Land use and/or ownership (for example, residential/municipal; commercial/industrial; agricultural/forest; and other land uses) was mapped and evaluated in relation to PCS, soil characteristics, and proximity to the intake(s).
5. Conducted an informal field inventory to locate additional PCS.
6. Completed final inventory form of PCS and plotted locations of PCS on the base map.

The purpose of the inventory is three fold: first, to provide information on the location of PCS, especially those within the susceptible area; second, to provide an effective means of educating the public about PCS; and third, to provide a reliable basis for developing a management plan to reduce potential contaminant risks to the Flint water supply.

The inventory process attempts to identify potential point-source contaminants within the SWA. It does not include an attempt to identify specific potential contamination problems at specific sites, such as facilities that do not safely store potentially hazardous materials. However, assumptions were made about particular types of land use. For example, it is assumed that rural residences associated with farming operations have specific potential contamination sources such as fuel storage, chemical storage and mixing areas, and machinery repair shops. It should also be noted that although the inventory depicts existing agricultural uses (crops grown), these are likely to undergo continual change due to normal crop rotation practices. What is irrigated farmland now may be non-irrigated farmland next year, or vice versa.

The results of the inventory were analyzed in terms of current, past, and future land uses and their relationship to the susceptible area and the supply intake. In general, land uses and PCS that are closest to the supply intake pose the greatest threat to a safe drinking water supply. Inventory results are summarized in table 1, and are shown on figure 5.

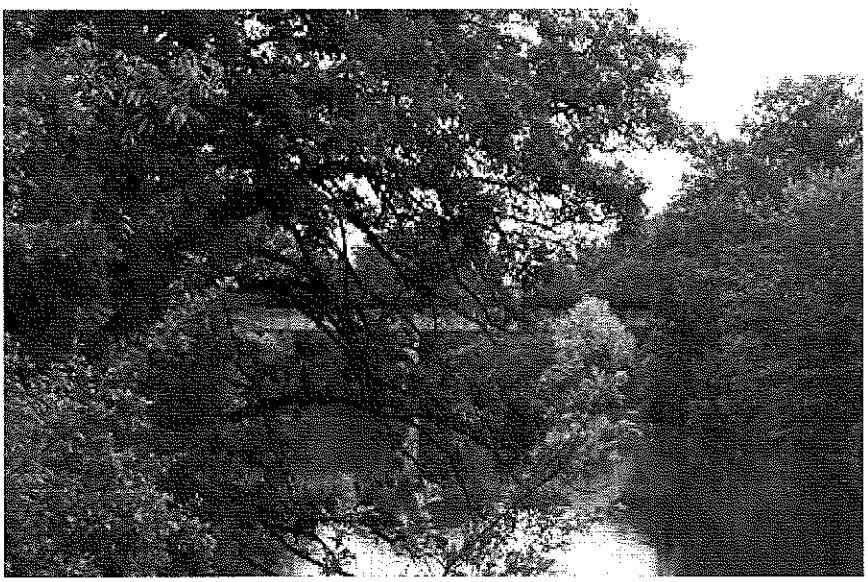
Many PCS are readily identifiable because they have a single discharge point, and often a permit is required for these discharges. However, other PCS have diffused, poorly defined discharge locations. These are known as non-point discharges because they occur over large areas and may not be quantifiable by readily accepted methods. These non-point source discharges are difficult to identify and control, and consequently to quantify, yet they are a major source of water pollution (Carpenter and others, 1998). Non-point sources also include atmospheric deposition over water and land, and include urban, rural, and

Table 1. Potential contaminant sources in the source water area

Type of Potential Contaminant Source (PCS)	Number of PCS	Number of PCS in Susceptible Area
Hazardous or solid waste site permits	71	11
Industrial facility discharge site permits	9	3
National priority list sites	1	0
Permit compliance system	12	2
Toxic release inventory permits	3	0
TOTALS	96	16

agricultural runoff from areas such as lawns, golf courses, farm fields, pastures, parking lots, and roadways. Runoff from these areas can contain many types of pollutants including sediments, metals, organic and inorganic chemicals, viral and bacterial pathogens, pharmaceuticals, and animal wastes. Transportation also represents a non-point source of contamination. Trucking and railroads transport potential contaminants through the SWA. An accident causing a spill could lead to potential contaminants entering a storm sewer, or in the case of boaters or rail transportation, directly to the Flint River. Petroleum pipeline crossing the upper reaches of the Flint River also pose contaminant threats.

Non-point sources of concern to the Flint water supply are primarily from storm sewers and from industrial, commercial, and residential sources in the SWA and communities upstream of the intake. A railroad bridge immediately upstream in the CAZ of the intake carries occasional train traffic described as hazardous. The West Boulevard storm sewer which discharges in the CAZ provides drainage to the Flint River from an industrialized area.



Railroad Trestle over Flint River Immediately Upstream of Flint WTP

The Michigan Department of Agriculture is working to identify dairies and concentrated animal feedlots (greater than 1000 animal units) in the Flint River watershed upstream of the intake.

The U.S. Environmental Protection Agency (USEPA) has identified one impaired water body in the Flint SWA on its Clean Water Act 303(d) list. The parameter of concern within the Holloway Reservoir is fish consumption advisories for PCBs. An additional impaired water body exists upstream of the SWA but not within the SWA itself. This water body is the collective of unnamed drains in Metamora, and the parameters of concern are untreated sewage discharge and pathogens (MDEQ, 2002).

In general, PCS within the susceptible area pose greater risks than those outside the susceptible area. The presence of PCS within the SWA indicates potential sources of chemicals that could, if improperly managed or released, impact the water quality at the intake. Small quantities of these chemicals, in some

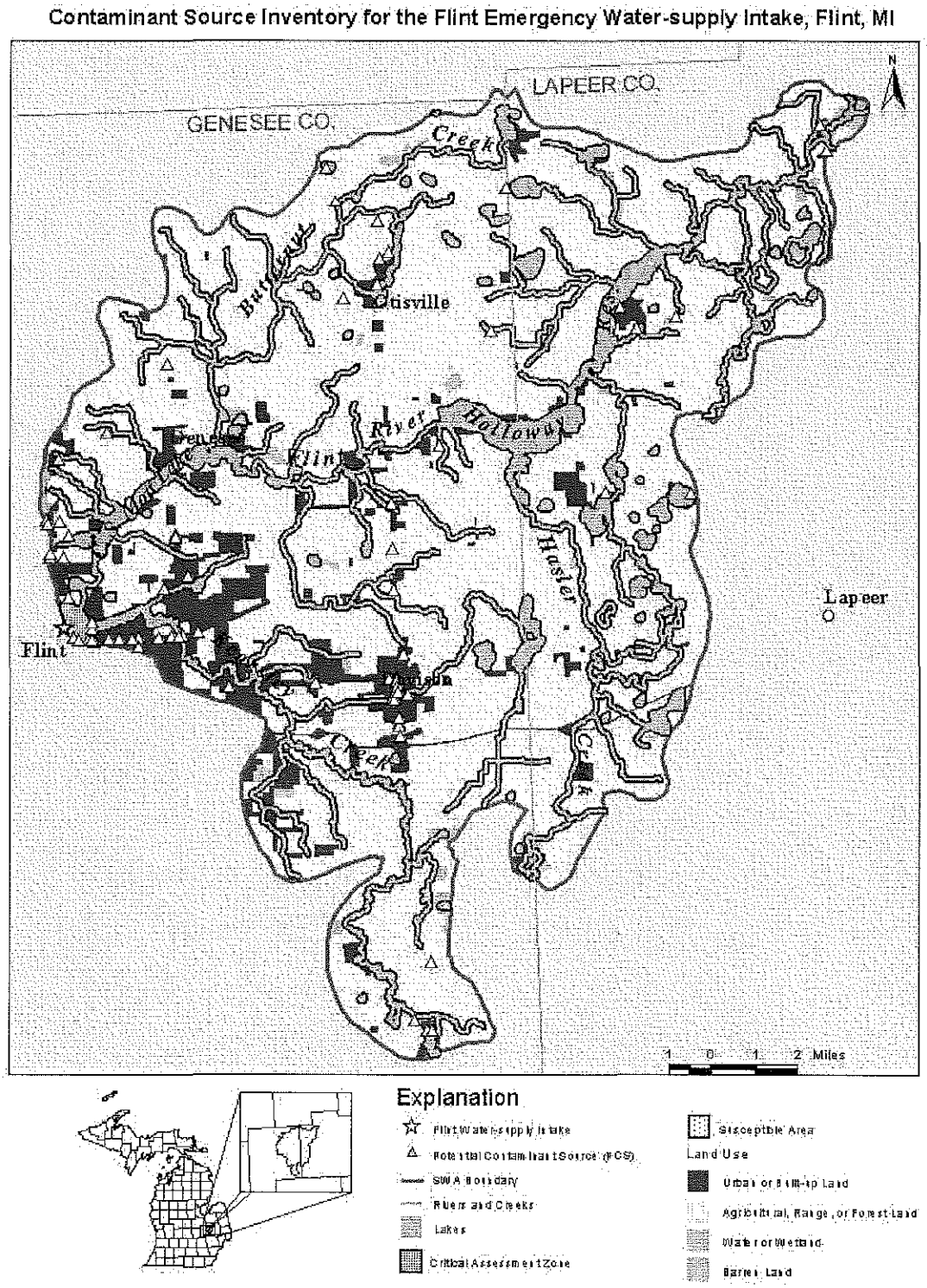


Figure 5. Potential Contaminant Sources in City of Flint Source Water Area, Flint, Michigan

cases less than a liter, can significantly affect the supply. Also of concern is the location and distribution of these sources with respect to highly permeable soils. The susceptible area consists of primarily agricultural and forested land with some urban areas. Overlaying the PCS locations and the moderately rapid to rapidly permeable soil map for the Flint SWA indicates that 21 of the located PCS are located on or very near to areas with moderately rapid to rapidly-permeable soils. All PCS within the SWA should be addressed; the susceptibility determination, however, provides the water supply with the tools to focus resources where the greatest risk occurs. The results of the PCS inventory performed for Flint water supply is shown on figure 5 and is summarized as a function of PCS locations relative to the susceptible area. The inventory results indicate that there are 7 PCS, holding 8 permits for discharge, within the susceptible area (table 2).

Table 2. Contaminant source inventory.

Site Name	Identification Number	Reason for Permit	Reason for Listing as Potential Contaminant Source
DAVISON OIL AND GAS BURTON STA 7	MI0000540310	On-Site Storage	Hazardous and Solid Waste Site
H AND M SVC	MID985612225		
KINNIES PARTY STORE	MID985597657		
ZACK CO	MID002975225		
EVERGREEN CLEANERS	MID981539711		
DORT HWY INC	MID985579945		
SUPER GO MARKETERS INC	MID985583053		
PIONEER CABINETRY INC	MID985605849		
DAVISON CITY OF	MID985625136		
MID MICHIGAN AUTO PARTS INC	MID985654789		
CLARK STORE 1849	MI0001853613		
FORD-NORTHVILLE PLT	MI0024643	Process, Treatment, and Waste Waters	Industrial Facilities Discharge Site
FOREST WASTE PRODUCTS	YCRCLA276		
OTISVILLE WWTP [a]	MI0028720		
ORCHARD COVE WWTP	MI0054755	Waste Water, Dust, and Process Water	Permit Compliance System
OTISVILLE WWTP [a]	MI0028720		

Note: Subscript denotes multiple permits

Sensitivity Analysis

Sensitivity is the natural ability of a SWA to provide protection against the contamination of the water supply intake, and includes physical attributes of lakes, rivers, and soils. The sensitivity analysis requires consideration of several different variables related to the natural environment, for example:

- ·Water quality history of the source.
- ·Distribution of moderately to highly-permeable soils.
- ·Amount of available water from precipitation or runoff.
- ·Potential for runoff to affect the intake.
- ·Nature of the intake, including: depth, distance from shore, age, and materials used.
- ·Surface water flow patterns in vicinity of intake.

To perform this analysis, USGS, MDEQ, and the operator of the Flint WTP collected, researched, and analyzed information from the WTP, monthly operator reports, sanitary surveys, soil maps, published reports, and historical plant operation and raw water quality data. The Michigan SWAP has three categories of sensitivity for surface water sources ranging from moderately sensitive to very highly sensitive. Analysis of this information, using guidelines provided in Brogren (1999) and Sweat and others (2000, in press), indicates that the Flint intake is at the high end of this range or very highly sensitive (fig. 3). This means that the natural environment offers little protection against contamination of the water supply intake.

Susceptibility Determination

Susceptibility is the relative potential for contamination to reach the public water supply intake used for drinking water purposes. Whereas the sensitivity of a water supply is the natural ability of the area to protect the intake against contamination, the susceptibility determination also takes into account other factors that will affect whether a contaminant reaches the intake. Whether or not a particular drinking water source becomes contaminated depends on three factors:

(1) The distribution of PCS;
(2) The source water area; and
(3) The natural protection, or sensitivity, of the source.

In conducting a susceptibility determination, the part of the SWA that yields water to the water supply-system intake is identified by establishment of the susceptible area within the source water area. PCS within the susceptible area are then located. Based on the distribution of PCS within the susceptible area, the type of PCS, and the nature of the chemicals they use or store, PCS are analyzed for the risk they may represent to the water supply intake. Along with the presence and distribution of PCS, the sensitivity analysis is then used to determine the susceptibility of the water supply (fig. 3). This leads to a determination of whether the drinking water source is moderately susceptible, highly susceptible, or very highly susceptible to contamination (Brogren, 1999; Sweat and others, in press). It is important to understand that a system can have low sensitivity relative to some conditions (for example, intake construction and location), and high susceptibility because of other conditions (for example, the type of PCS). In Michigan, surface water sources of drinking water range from moderately-low to very-high susceptibility.

When a public water supply is determined to have a moderate, high, or very high susceptibility because of a particular condition or set of conditions, there is a significant risk of contamination of the drinking water source because of that condition or set of conditions. Although the susceptibility determination does not predict when or if contamination will actually occur, it does recognize conditions that are highly favorable for contamination of the supply. In the event of a contaminant release to soils or surface water within the susceptible area, it is very likely that contamination at the intake would occur without completion of remedial actions.

If a public water supply's drinking water source is determined to be highly susceptible, it is recommended that the system identify the condition(s) that lead to the high susceptibility. Immediate steps should be taken to protect the source, and action should be considered to remedy the condition (for example, repairing or replacing faulty intake construction, working directly with facility operators to implement sound management practices, etc.).

All water supplies, regardless of their susceptibility, should consider identified factors that could lead to higher susceptibility in the future, and should prepare a strategy to protect the water supply source. Raising public awareness through signs and other education programs, encouraging proper intake construction and the use of best management practices in existing facilities are good ways of ensuring that a surface water source maintains its moderate susceptibility rating.

Summary and Recommendations

The actual susceptibility of the drinking water source of a water supply depends on a number of contributing factors, some of which are only slightly related. Sensitivity is determined from the natural setting of the source and identifies the natural protection afforded to the source water. Susceptibility is determined by identifying those factors within the community's SWA that may pose a risk to the source water. The susceptibility determination provides information with respect to facilities within the SWA or

land areas within the SWA that should be given greater priority and oversight in the implementation of a drinking water protection program.

Sensitivity Analysis: Based on criteria adopted in the Great Lakes Protocol of the Michigan Source Water Assessment Program, the emergency intake for the Flint Water Treatment Plant has a very high degree of sensitivity to potential contaminants.

Susceptibility Determination: The SWA for the Flint intake includes 8 listed potential contaminant sources within the susceptible area, numerous storm drains discharging upstream of the intake, a railroad crossing plus urban, agricultural, and industrial runoff from the Flint River watershed. Combining these potential contaminant sources with the very highly sensitive intake yields a very highly susceptible determination for Flint source water (fig. 5).

Effective Treatment:

The results of this assessment and the recommendations based on these results are summarized as follows:

- ***Intake*** - The Flint Water WTP intake was installed in 1948 and draws water from the Flint River from a shoreline structure making the intake very highly sensitive.
- ***Soils*** - Using a mean, area-weighted, depth-integrated permeability estimation, the soil and subsoil permeability in the SWA range from 0.6 in/hr to as much as 7.7 in/hr. The mean permeability is 3.1 in/hr (Schneider and Erickson, undated, series of 5 maps; BASINS, 1998; MIRIS, 2000). About two thirds of the soils in the Flint SWA are moderately rapid or rapidly permeable. Sixteen (16) PCS are located on these soils. These factors combine to make the SWA, and thus the intake, very highly sensitive. The community should take steps to evaluate current and future land use in areas of highly permeable soils, particularly those occurring within the susceptible area. Those PCS that have been identified either on or in close proximity to these soils should be informed of the sensitive nature of the area and encouraged to adopt best management practices designed to minimize the risk of a ground release. Residential areas that have been developed on these soils should be targeted for educational programs identifying steps that residents can take to protect the water supply.
- ***Historical Contaminant Detections*** – Since the Flint WTP has not utilized the Flint River since 1967 as a source of public drinking water, extensive raw water quality data is not available. However, as is typical for river water, the periodic presence of coliform bacteria is indicative of a relationship between runoff and soil conditions, causing the presence of bacteria at detectable levels in river source water. Background turbidity has recently been reported in the range of 2.4 to 7.6 NTU. These factors indicate that the SWA, and thus the intake, is very highly susceptible.
- ***Sanitary Survey*** – Defects reported as requiring repair either have been corrected or are scheduled for repair. The Flint WTP is undergoing extensive upgrades to improve treatment and reliability. It is important that the water supply continue to follow good management practices.
- ***Potential Contaminant Sources*** - A review of the PCS inventory and the rapidly and very rapidly permeable soil distribution indicates that the Flint SWA has 21 PCS located on moderately rapid to rapidly permeable soils. Within the susceptible area, there are 7 PCS with 8 discharge permits. In addition, there are numerous storm drains within the vicinity of the intake. A railroad crossing immediately upstream of the intake also poses a potential contaminant threat. It is recommended that the community focus initially on PCS that are within the susceptible area as they pose the greatest potential threat to the water supply. These facilities should be made aware of free technical assistance that is available through MDEQ's pollution prevention programs. Through chemical inventory, waste reduction, and by increasing awareness of best management practices, the risk these facilities pose to source waters can be reduced. The PCS inventory indicates that the source is very highly susceptible.
- ***Source Water Assessment*** - The Flint source water assessment is based on these site-specific parameters:

1. Definition of a Critical Assessment Zone around both intake for a very highly sensitive source;
2. Definition of a SWA for the Flint River, and shoreline near the intake;
3. Flow duration and discharge in the Flint River upstream of the intake, and the effects of upstream contaminant discharges on the source water quality; and
4. Listed and nonlisted potential contaminant sources.

- ***Source Water Protection*** - The City has initiated source water protection activities with an Industrial Pretreatment Program incorporating management plans, chemical containment, and spill response, spill response training, plus storm sewer and street cleaning programs.

The Flint WTP and/or the community should assemble a team to assist in the development and implementation of a source water protection program that uses this assessment to further protect the Flint source water area.

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GLOSSARY

Critical Assessment Zone (CAZ) - the area from the intake structure to the shoreline and inland, including a triangular water surface and a land area encompassed by an arc from the endpoint of the shoreline distance on either side of the on shore intake pipe location

Geographic Information System (GIS) - a system to capture, store, update, manipulate, analyze, and display all forms of geographically referenced information

Impaired water bodies - As defined by USEPA and listed on the 303 (d) list of the federal Clean Water Act.

Intake - the point at which source (raw) water is drawn into a pipe to be delivered to a water treatment plant

Lignins - an amorphous, cellulose-like, organic substance that acts as a binder for the cellulose fibers in wood and adds strength and stiffness to cell walls

Maximum Contaminant Level (MCL) - the maximum permissible level of a contaminant in water that is delivered to any user of a public water system

Potential Contaminant Sources (PCS) - listed and non-listed agricultural sites, businesses, and industries that have the potential to cause contaminants to be introduced into source water

Sensitivity - a measure of the physical attributes of the source area and how readily they protect the intake from contaminants

Source - the water body from which a water supplier gets its water

Source Water Area (SWA) - the land and water area upstream of an intake that has the potential to directly influence the quality of the water at the intake

Source Water Assessment Program (SWAP)- in Michigan, the process defined by the state Department of Environmental Quality to complete assessments of all the state's public water supplies

Susceptibility - the Susceptibility identifies factors that may pose a risk within the community's SWA

Susceptible Area - the area defined by the critical assessment zone and a buffer on either side of any drainages that contribute water to an intake

Synthetic Organic Contaminants (SOC) - Manmade organic chemical compounds such as pesticides, etc.

Tannins - naturally occurring phenolic compounds that precipitate proteins, alkaloids, and glucosides from solution that has a yellowish appearance

Volatile Organic Contaminants (VOC) - Unnatural, volatile organic chemical compounds such as gasoline components, solvents, degreasers, etc

Wurfel, Brad (DEQ)

From: Prysby, Mike (DEQ)
Sent: Thursday, March 19, 2015 10:11 AM
To: 'bwright@cityofflint.com'
Subject: FW: PEAS call
Attachments: 20150318_174119.jpg; 20150318_173619.jpg; 20150318_174108.jpg; RE: WRD - PEAS - Oil Sheen

Brent,

More info.....

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

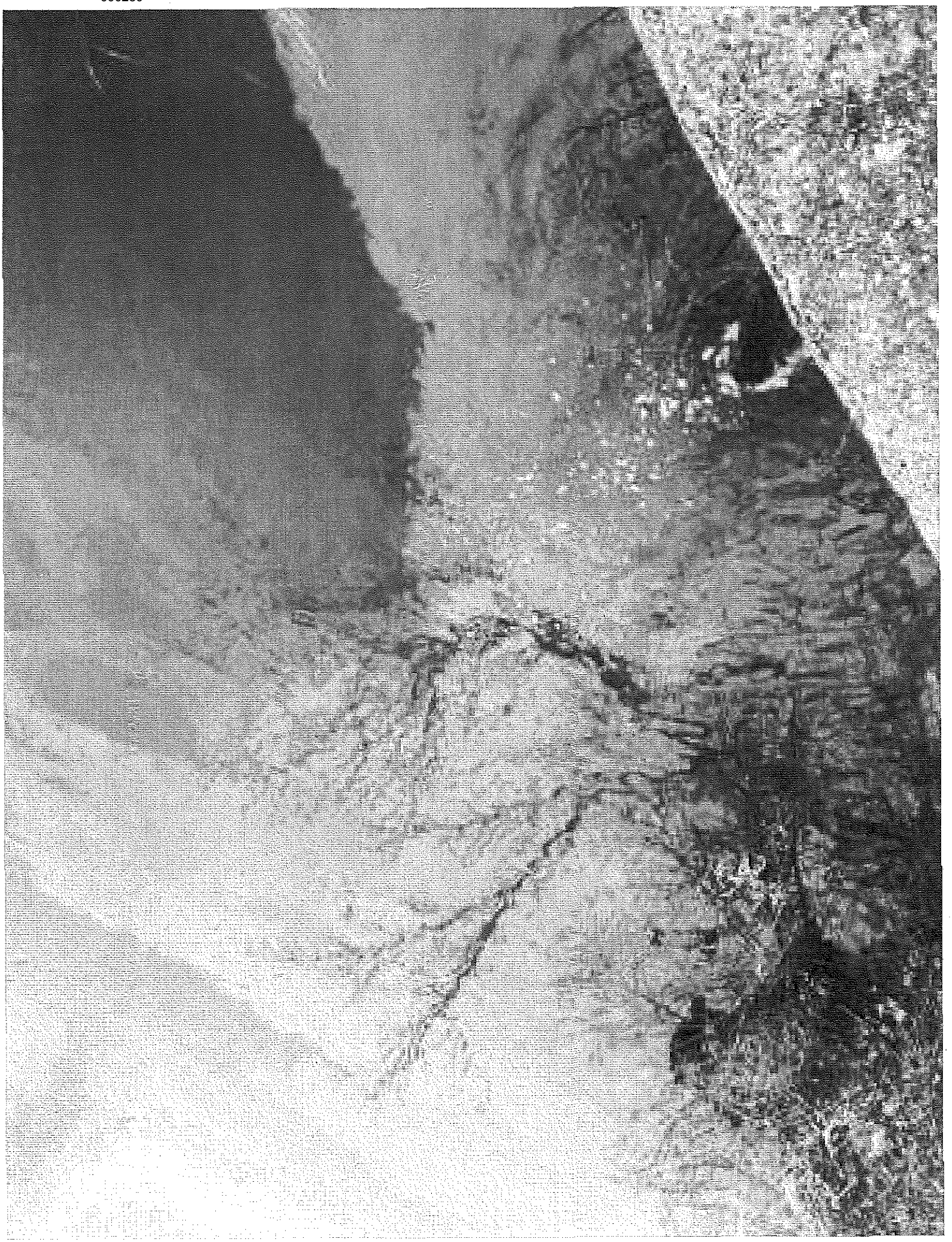
From: Bennett, Charles (DEQ)
Sent: Thursday, March 19, 2015 10:10 AM
To: Thomas Hutchings (thutchings@cityofflint.com)
Cc: Kammer, Stephanie (DEQ); Prysby, Mike (DEQ); Case, Robert; Busch, Stephen (DEQ)
Subject: PEAS call

Tom, I just spoke with a gentleman that reported a discharge to the Flint River south of Carpenter Rd at Bray. The complainant stated that the material is whitish and may have a sheen also. He said it looks like crews have done some excavating along the bike path near this discharge. Attached are photos that I received a moment ago from the caller.

Also, you may want to contact Brent Wright about this matter as well, since our Drinking Water engineer has contacted him about this also (see attachment). Please let me know what you find.

thanks,
chuck

Charles Bennett, PE
DEQ Water Resources Division
Lansing District Office
BennettC4@michigan.gov
ph 517-284-6659; fax 517-241-3571



Wurfel, Brad (DEQ)

From: Prysby, Mike (DEQ)
Sent: Thursday, March 19, 2015 10:03 AM
To: Rennaker, Joanne (DEQ); Blayer, Steve (DEQ); Arduin, Jim (DEQ)
Cc: Busch, Stephen (DEQ); Bennett, Charles (DEQ)
Subject: RE: WRD - PEAS - Oil Sheen

I notified the city – Brent Wright (WTP OIC) of the situation given that this just upstream of their WTP intake. Brent and his staff will go out to investigate. Based on past history, he is speculating that it is a break in their lime sludge line. This line is located close to the Flint River in this area and has experienced breaks in the past. I also provided Brent with the caller's name and suggested to contact him and let him know that the city is following up on this incident.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

From: Rennaker, Joanne (DEQ)
Sent: Thursday, March 19, 2015 9:05 AM
To: Prysby, Mike (DEQ); Blayer, Steve (DEQ); Arduin, Jim (DEQ)
Subject: FW: WRD - PEAS - Oil Sheen

Jo Anne Rennaker
Secretary
Department of Environmental Quality - Lansing District Office
Office of Drinking Water & Municipal Assistance
Office of Waste Management & Radiological Protection
517-284-6643

From: Jesko, Roxanne (DEQ)
Sent: Thursday, March 19, 2015 9:02 AM
To: Gutting, Karen (DEQ); DEQ-PEAS-Lansing
Cc: Bennett, Charles (DEQ)
Subject: RE: WRD - PEAS - Oil Sheen

WRD has it Chuck Bennett will be the lead.

From: Gutting, Karen (DEQ)
Sent: Thursday, March 19, 2015 8:44 AM
To: DEQ-PEAS-Lansing
Subject: WRD - PEAS - Oil Sheen
Importance: High

PEAS Form 2014			**revised July 23,**
First Response please "Reply All" to receipt of this PEAS Notification ASAP. Media: Water County: Genesee Ticket # 1498			
Incident Description: There is a sanitary sewer that runs parallel with the Flint river that has had several line breaks. This is causing a sheen on the water. Some of this has solidified along the river bank and is white in color. This is approximately ¼ mile down the bike trail where Bray Rd. ends S of Carpenter. Whatever is coming out of the line, is coming out steady. Caller has photos if needed.			
Complainant (C)		**Party Involved (PI) – Company**	
Name	James Joseph	Person Name	
Street Address		Company Name	
City or Township		Street Address	
State		City or Township	
Phone	810-820-5526	State	
Alt Phone		Phone	
Type		Alternate Phone	
Incident Street Address	S. of Carpenter and Bray Rd (where Bray Rd. stops and now it's a bike path)		
Cross Streets		**Name of Pollutant**	unsure
City or Township	Flint	Release to **Water** (g)	unknown
County		Release to **Ground** (g)	
Water Body Impacted	Flint River	Release to **Air** (lbs)	
Occurred: Date/Time/Ongoing	unsure	**Cleanup Contractor**	
Release Secured: Y or N		**Cleanup Contractor on site: Y or N**	

Comments:

Karen Gutting
Department of Environmental Quality
Office of Environmental Assistance
Environmental Assistance Center
800-662-9278

Wurfel, Brad (DEQ)

From:	Prysby, Mike (DEQ)
Sent:	Friday, April 03, 2015 2:47 PM
To:	'bwright@cityofflint.com'; Michael Glasgow
Subject:	FW: Schematics for LT2 sampling plans
Attachments:	Schematics_combined.pdf; SCHEMATIC_01.pdf; SCHEMATIC_02.pdf; SCHEMATIC_03.pdf; SCHEMATIC_04.pdf; SCHEMATIC_05.pdf; SCHEMATIC_06.pdf; SCHEMATIC_07.pdf; SCHEMATIC_08.pdf; SCHEMATIC_09.pdf; SCHEMATIC_10.pdf

Brent, Mike

Attached are the example schematics that the plants on Schedule 2 may use to indicate where the source water sampling location is in relation to the intake, chemical feed points, recycle streams (if any) and the plant. You can select the schematic that best fits your situation and mark the sampling location and other pertinent information on it. If you can't find a schematic that doesn't fit Flint's exact setup, you can use the generic/blank one (schematic 10). Your Schedule 2 Crypto. monitoring letter is being mailed to you today.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

Figure 1. Sample Tap before Chemical Treatment and Backwash Water Recycle (if applicable)

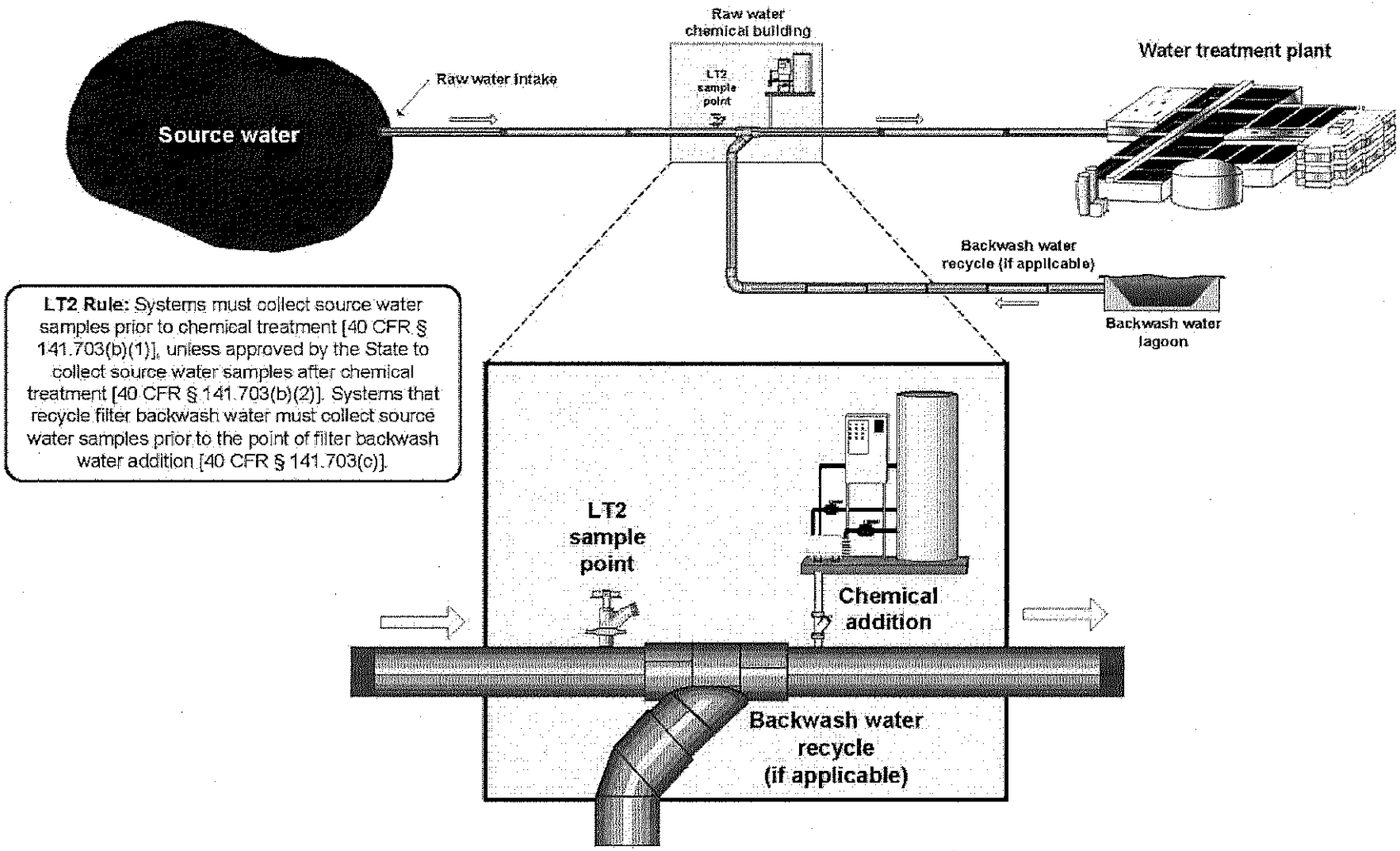
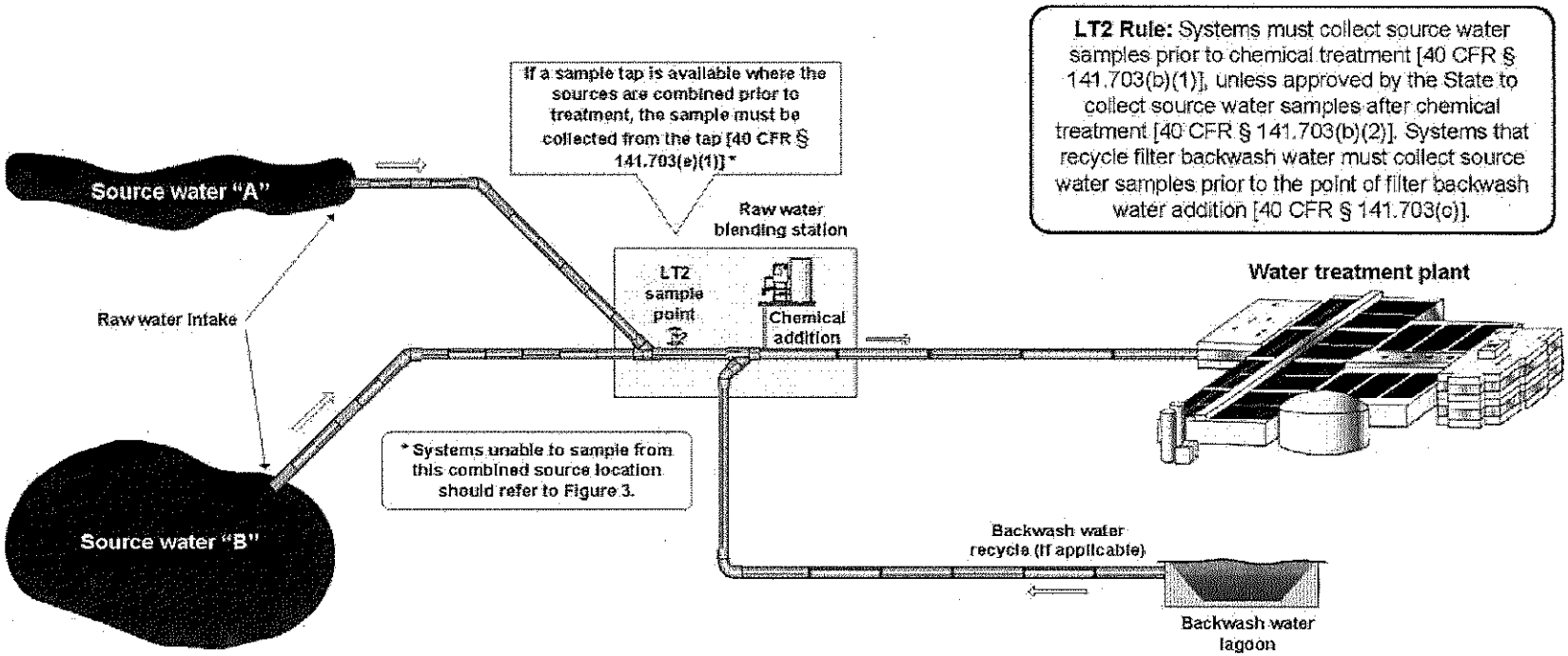
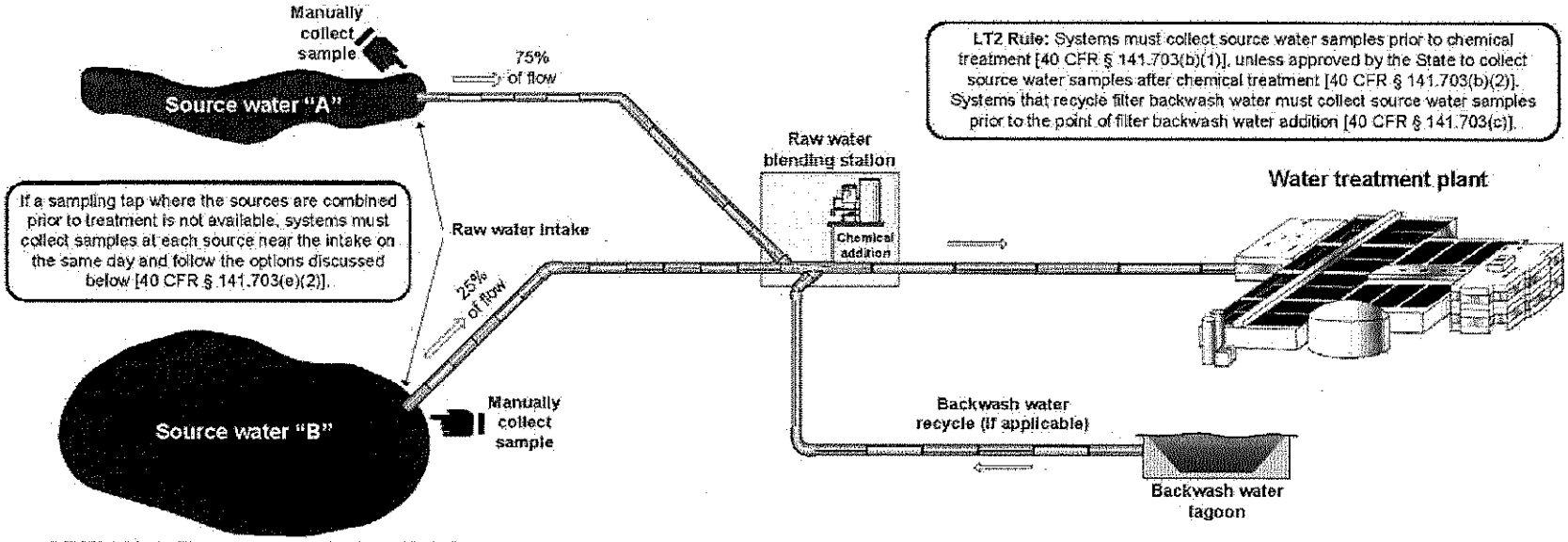


Figure 2. Multiple Sources: Sample Tap after Two Combined Sources



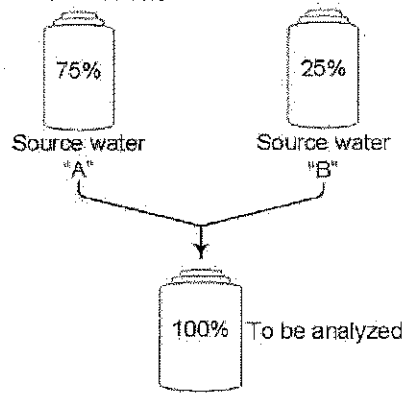
Multiple Alternating Sources: Systems that use multiple alternating sources (seasonal or due to water quality changes) must sample from the source water in use on the designated sampling date following normal operating practices [40 CFR § 141.703(e)].

Figure 3. Multiple Sources: Two (or More) Sources to be Composited



OPTION 1 (Recommended Option):

Collect samples manually at each source near the intake on the same day and composite them into one sample to be analyzed. The volume of sample from each source must reflect its proportion of the total plant flow at the time the samples were collected [40 CFR § 141.703(e)(2)(i)].



OPTION 2:

Collect samples manually at each source near the intake on the same day and analyze each independently, then calculate a weighted average of the analysis results. This is done by multiplying the result for each source by the percentage of its contribution to the total plant flow at the time the samples were collected, and then summing these values [40 CFR § 141.703(e)(2)(ii)].

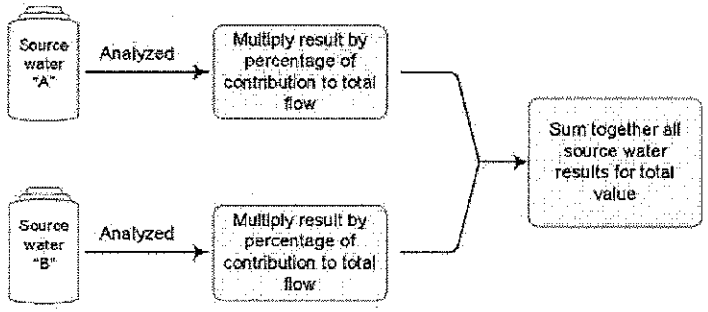


Figure 4. Multiple Plants with the Same Influent

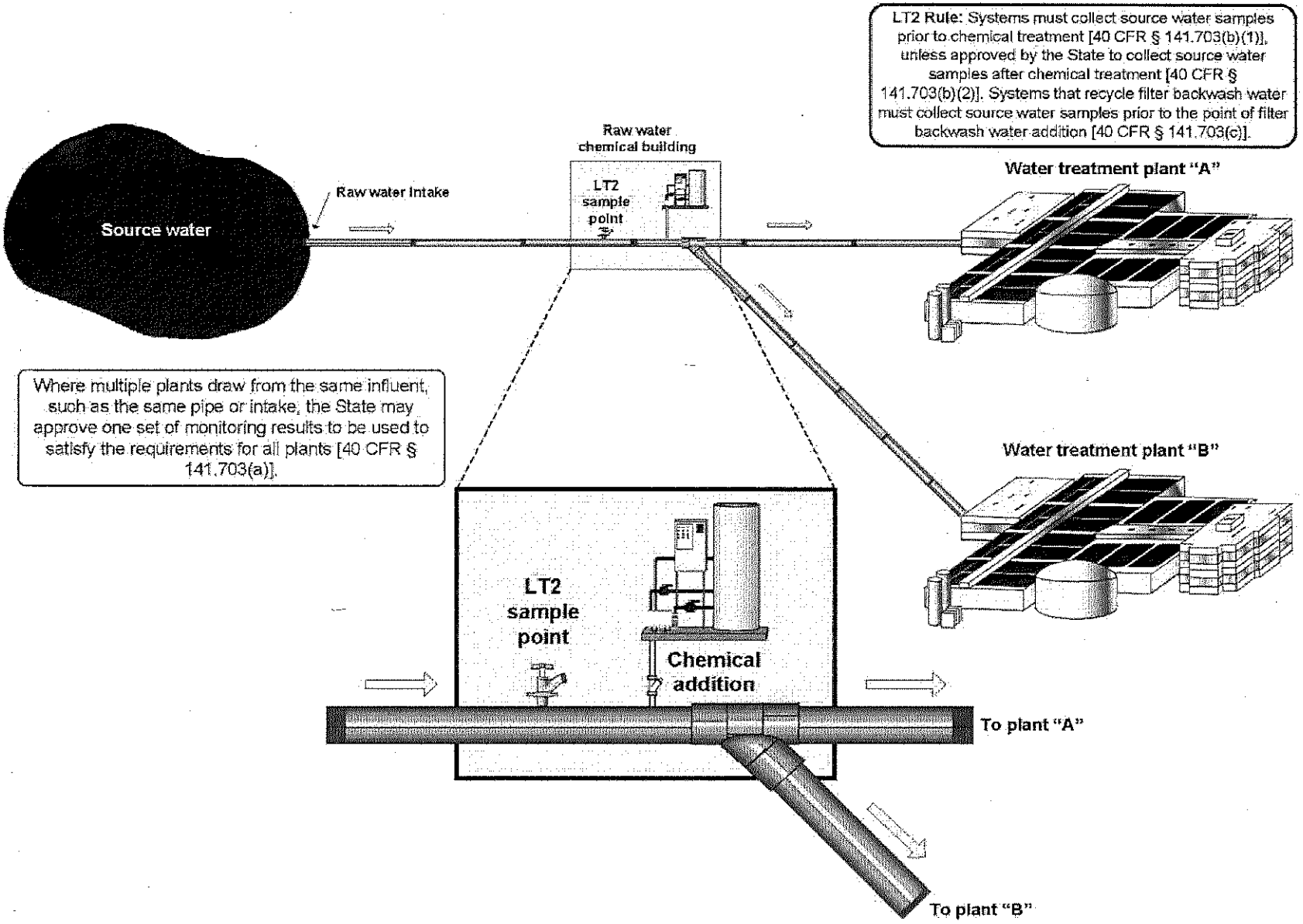


Figure 5. Bank Filtration

The correct sampling location for systems using bank filtration differs depending on whether the bank filtered water is treated by subsequent filtration:

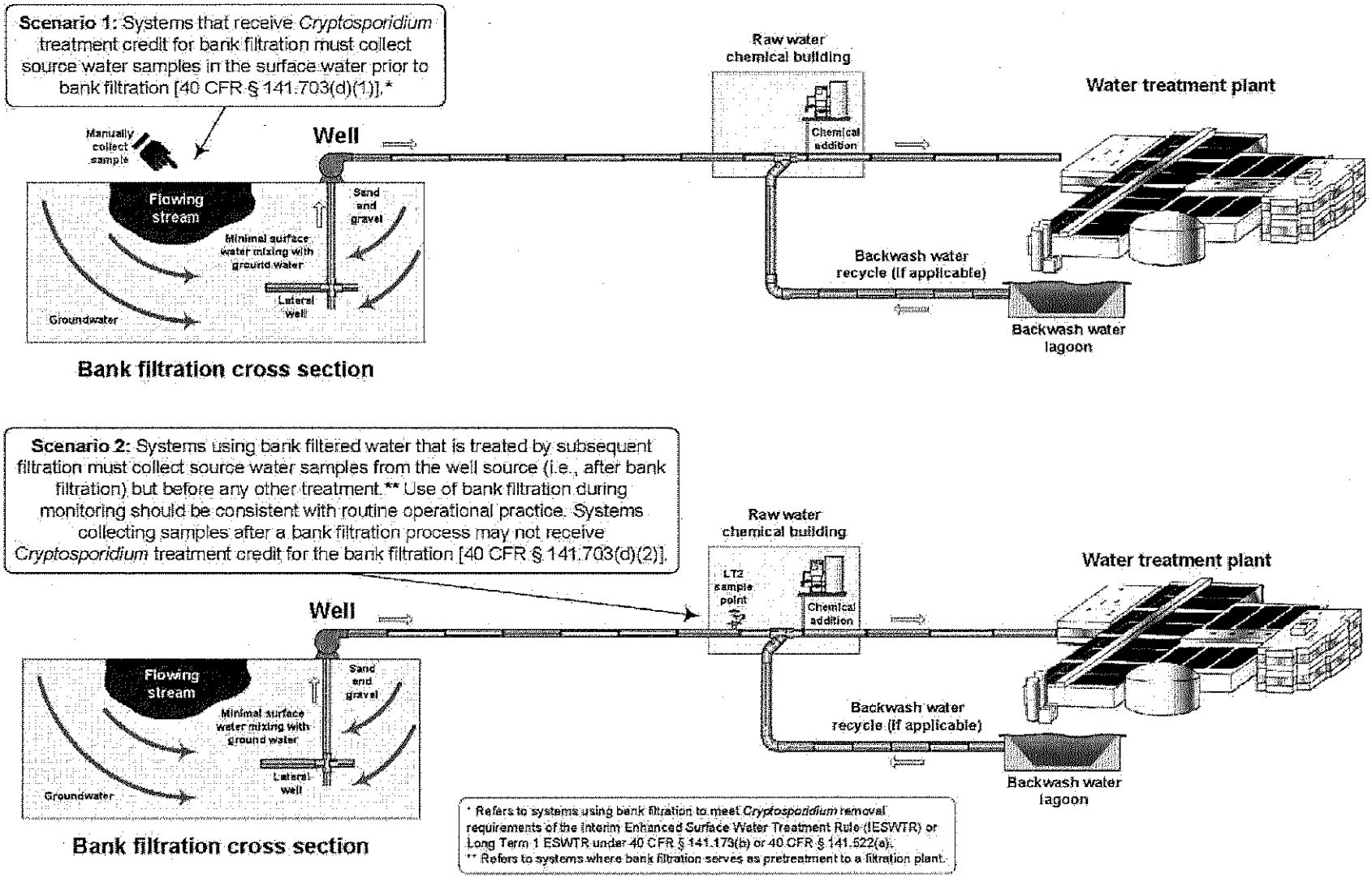
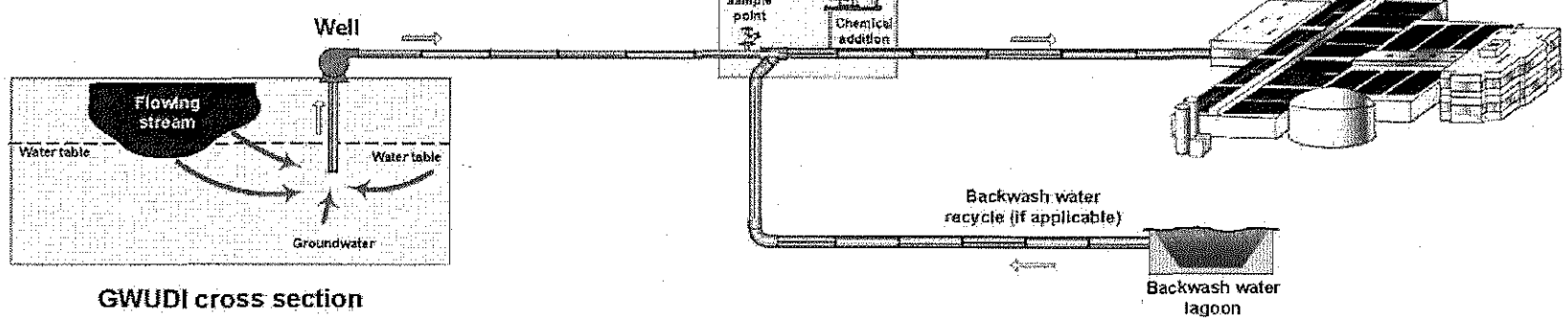


Figure 6. Ground Water Under the Direct Influence of Surface Water (GWUDI)

LT2 Rule: Systems must collect source water samples prior to chemical treatment [40 CFR § 141.703(b)(1)], unless approved by the State to collect source water samples after chemical treatment [40 CFR § 141.703(b)(2)]. Systems that recycle filter backwash water must collect source water samples prior to the point of filter backwash water addition [40 CFR § 141.703(c)].

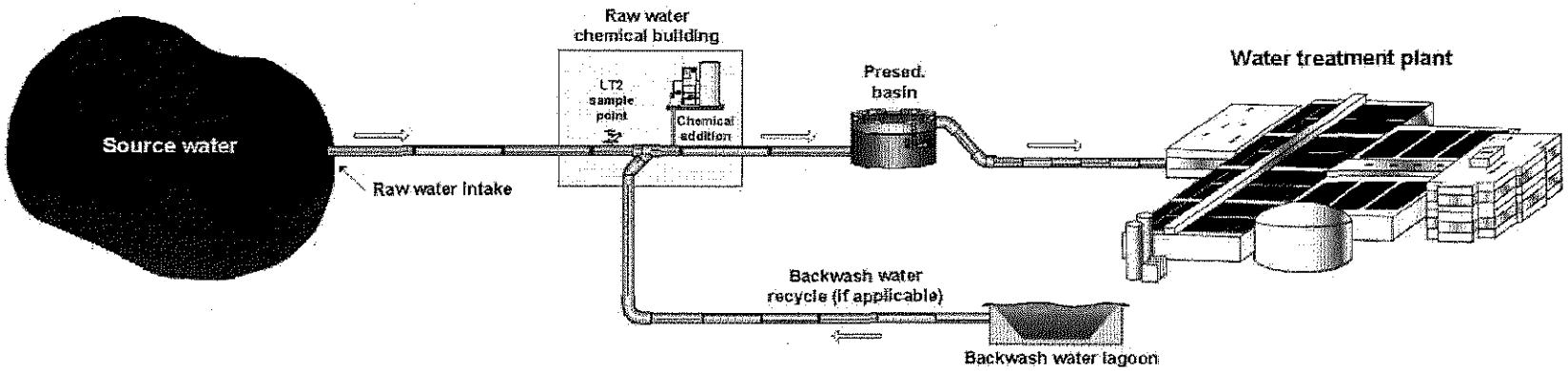
Systems that use ground water under the direct influence of surface water (GWUDI) should collect source water samples from the well source.



GWUDI cross section

Figure 7. Presedimentation Basin

Scenario 1:
Systems using a presedimentation basin with chemical addition should collect source water samples prior to chemical treatment, unless approved by the State to collect source water samples after chemical treatment. Systems that recycle filter backwash water must collect source water samples prior to the point of filter backwash water addition [40 CFR § 141.703(c)].



Scenario 2:
Systems without chemical addition prior to or in a presedimentation basin, or that have been approved by the State to collect source water samples after chemical treatment, may sample after the presedimentation basin but will not receive any treatment credit for presedimentation.

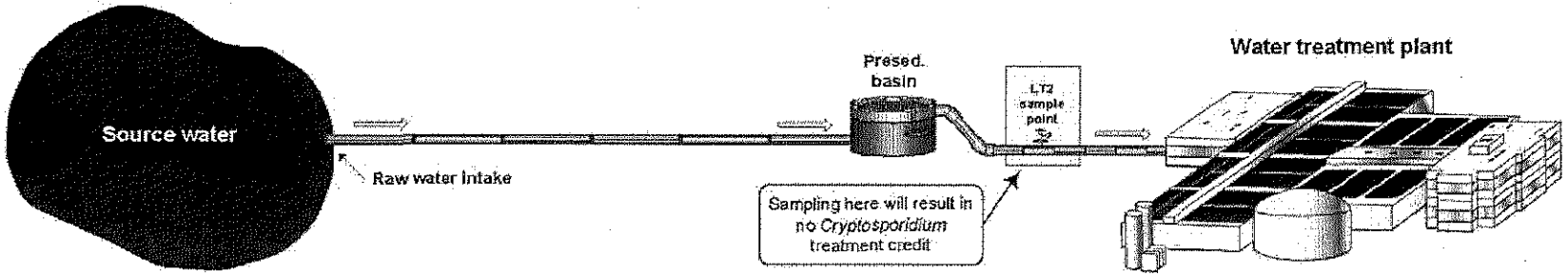


Figure 8. Raw Water Off-Stream Storage

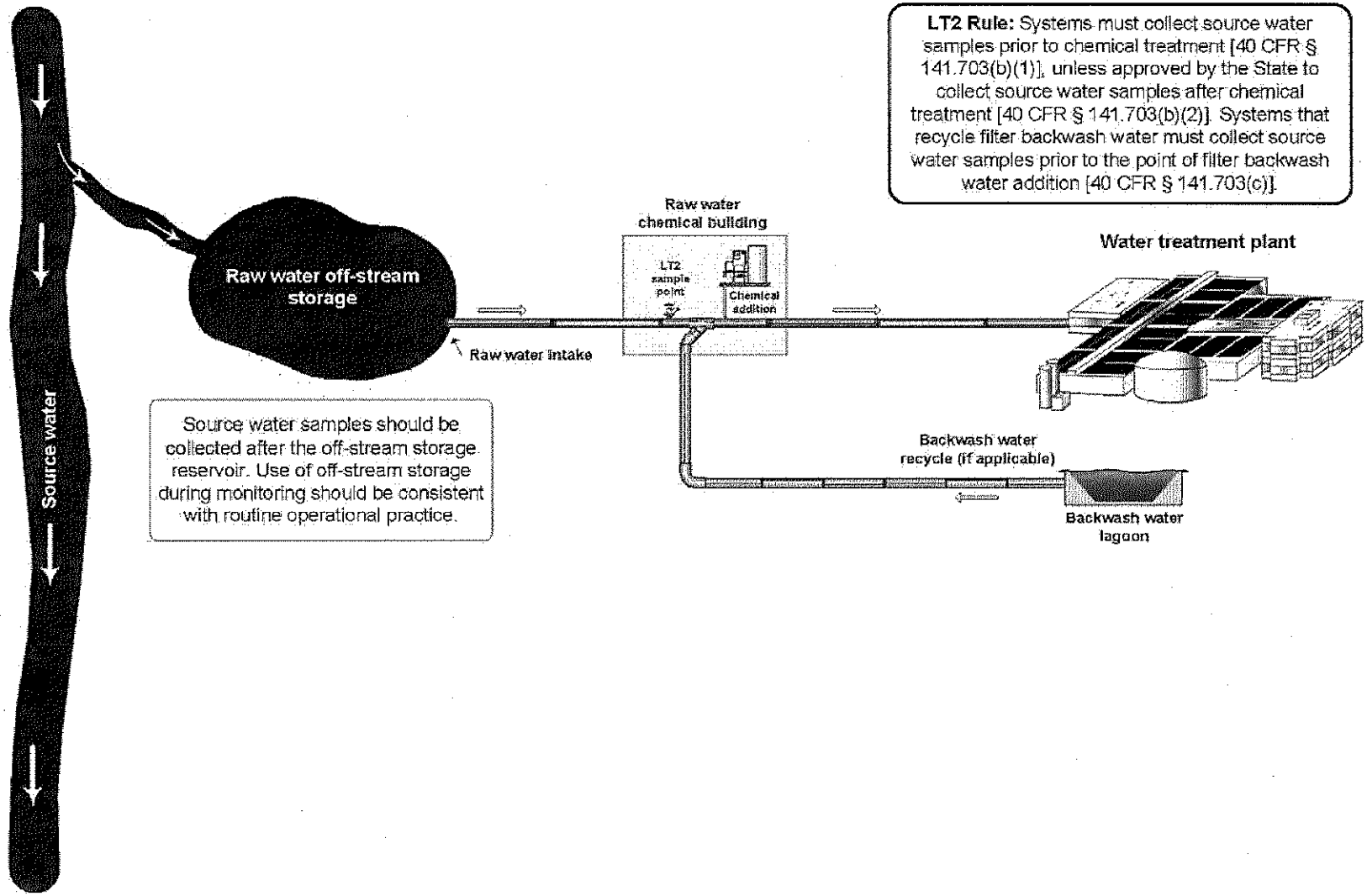


Figure 9. Mixed Source Water: Ground Water and Surface Water Sources

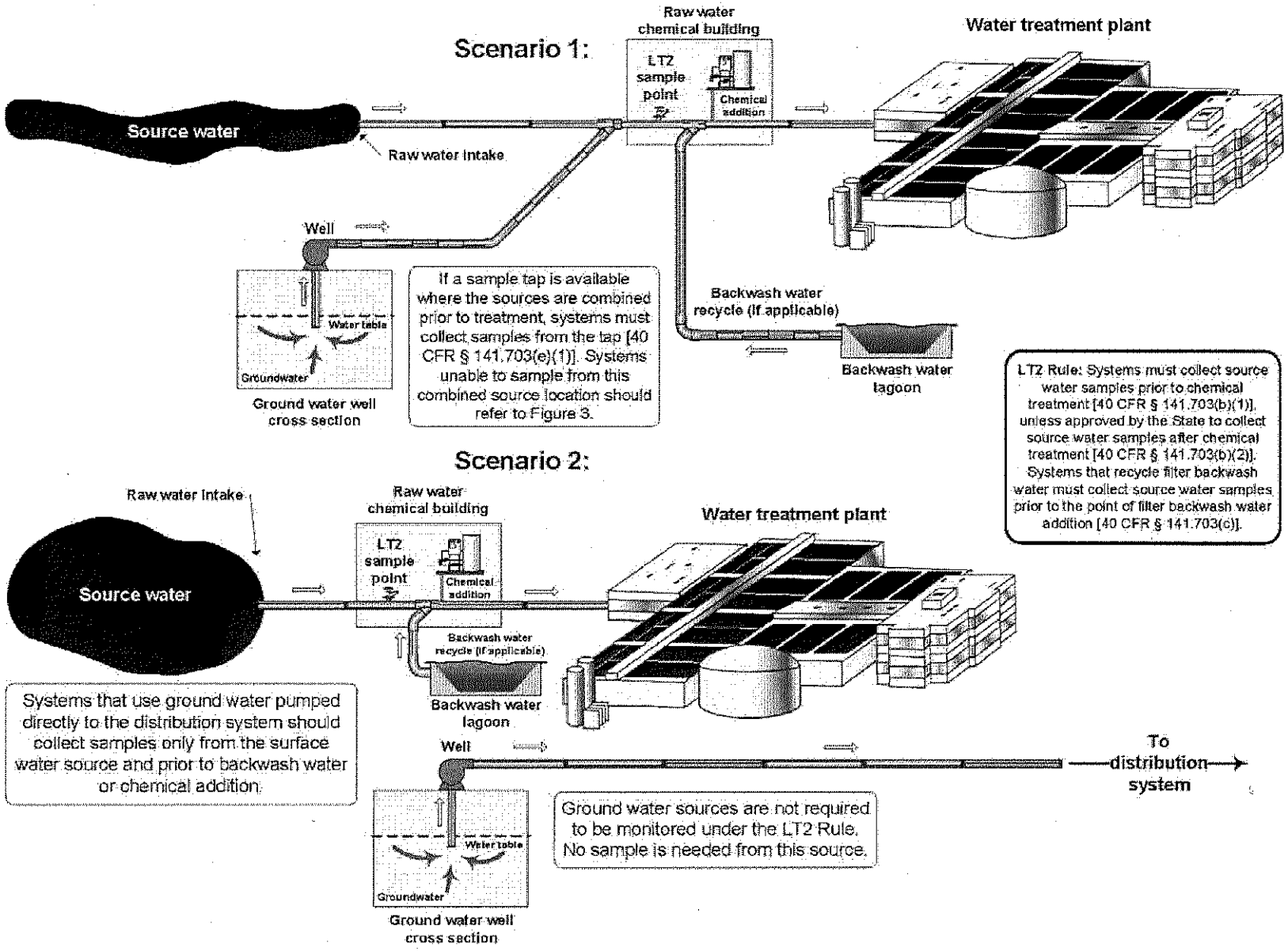


Figure 10. Blank Schematic for Submission to EPA

Public Water System (PWS) name: _____

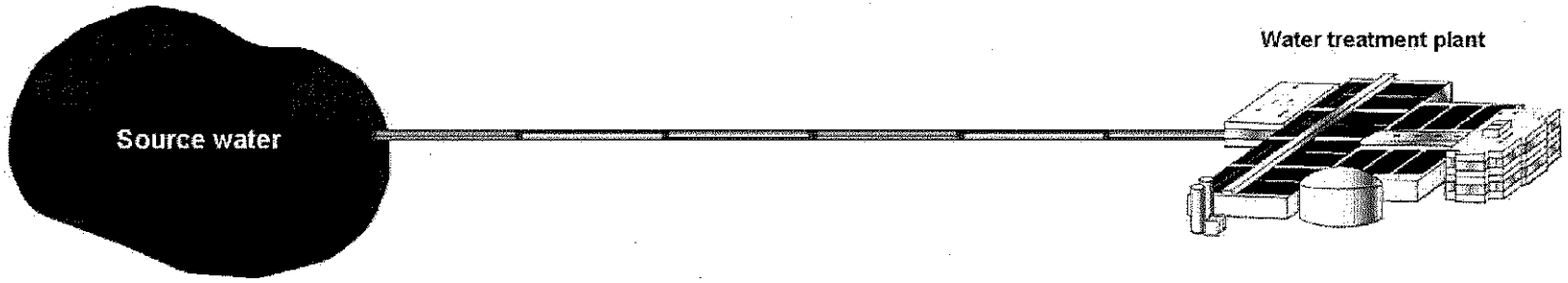
PWS ID: _____

Water treatment plant name: _____

Water system facility ID: _____

Indicate the following on the diagram that best represents your facility type (if applicable):

1. LT2 sampling location
2. Points of chemical treatment prior to the treatment plant
3. Filter backwash water addition
4. Pretreatment processes (e.g., presedimentation basins, bank filtration)
5. Multiple source waters (show by adding additional sources)



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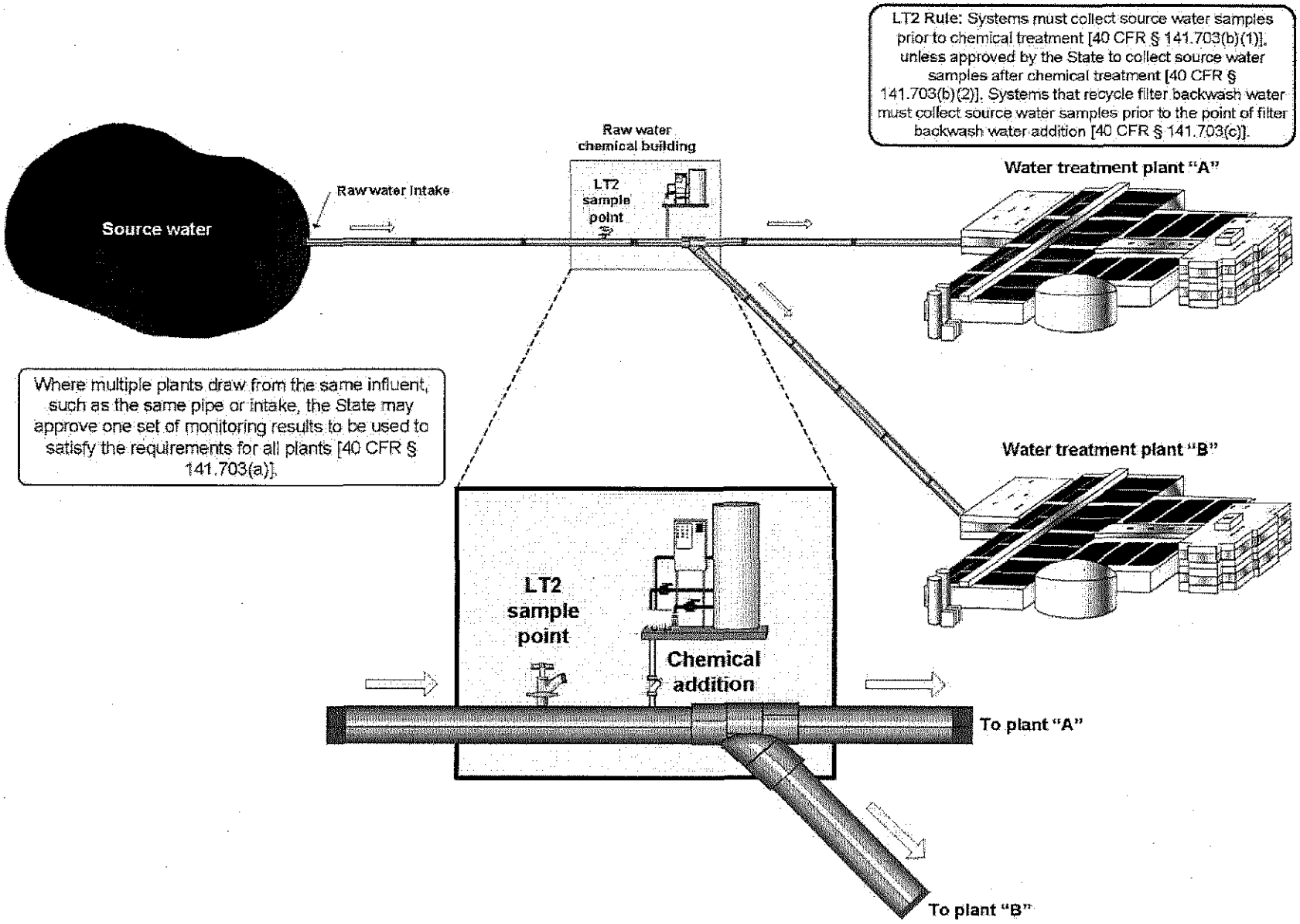

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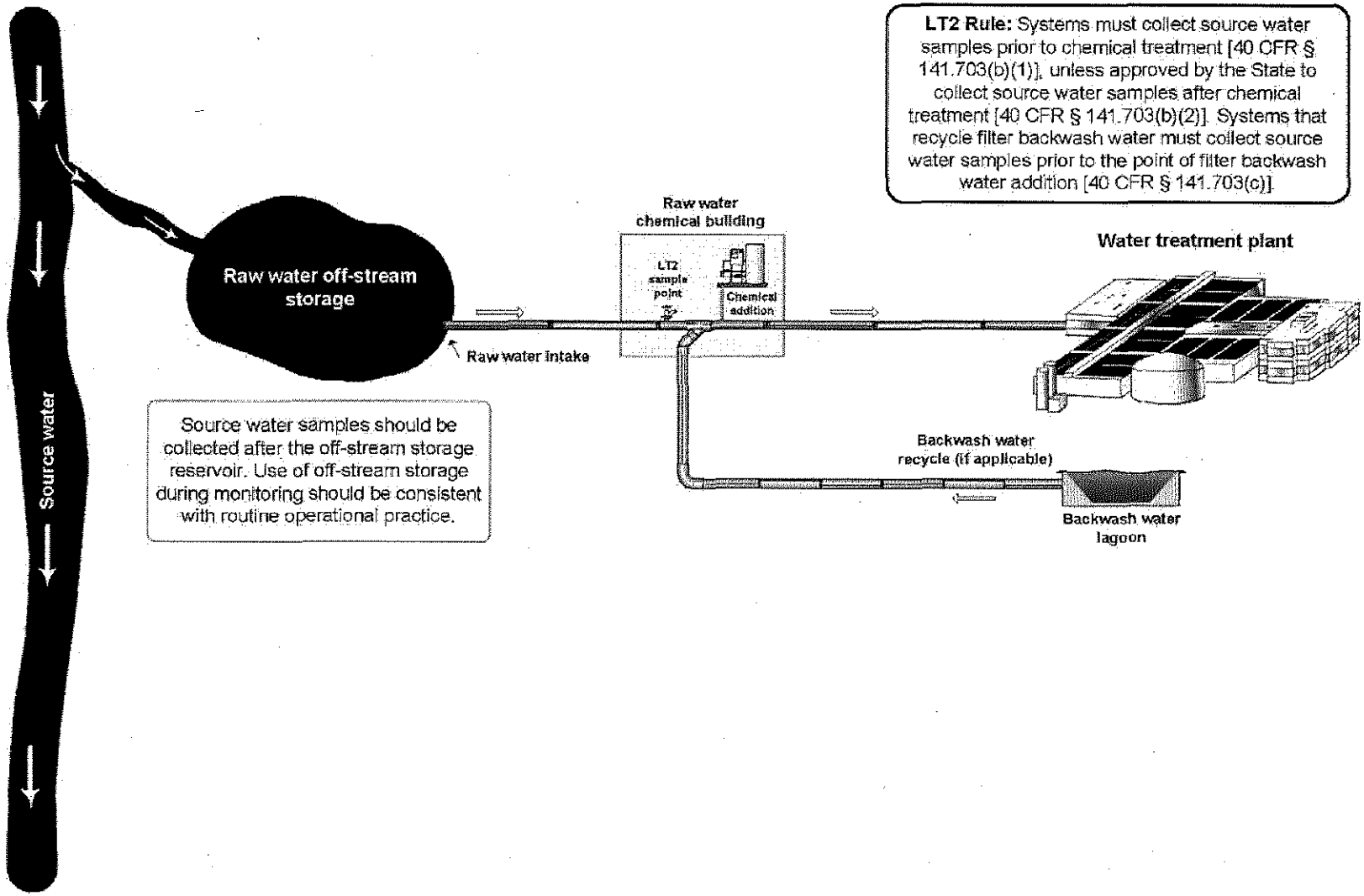

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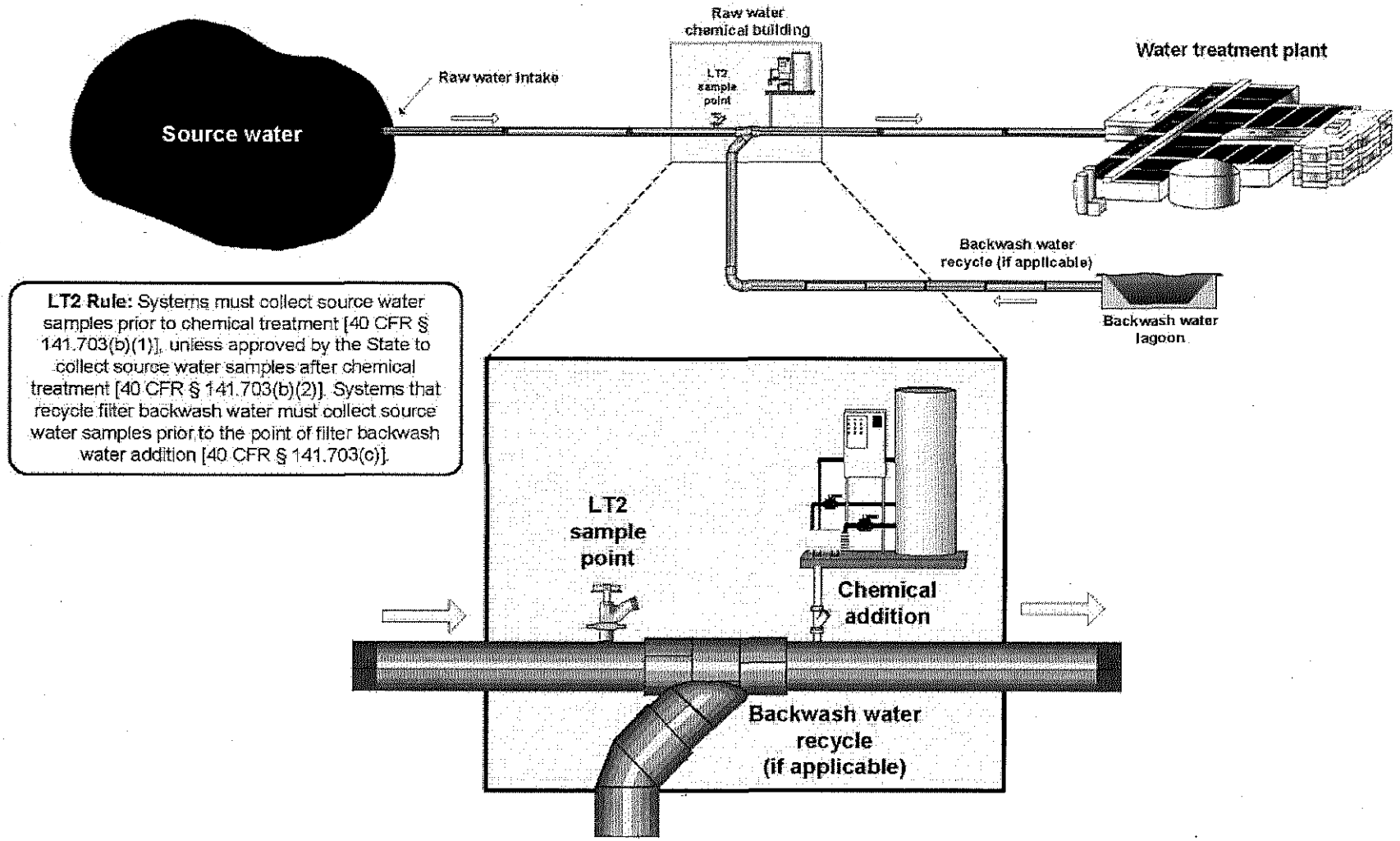

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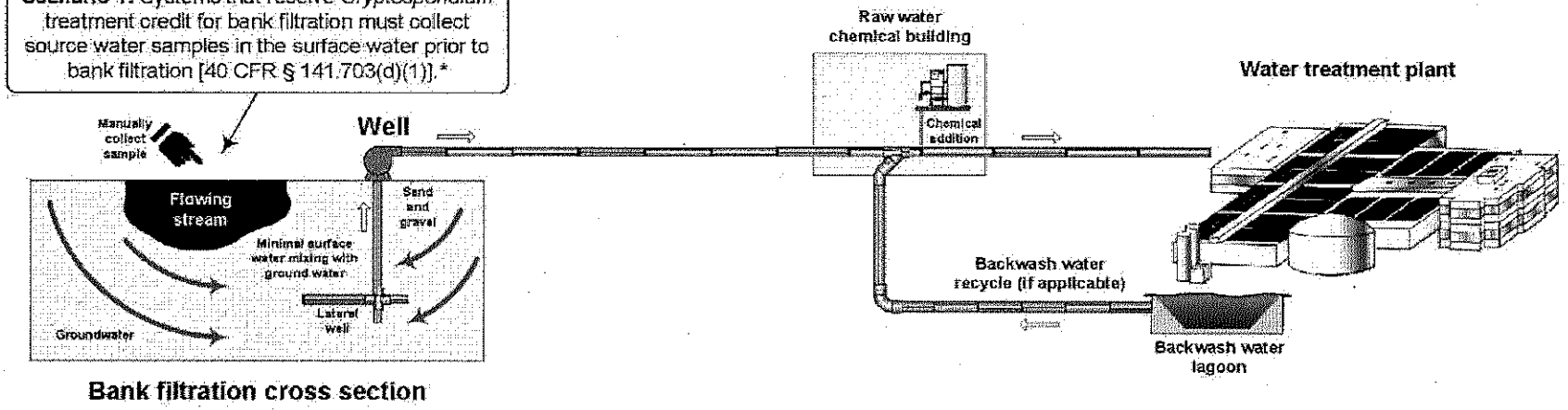
Figure 5. Bank Filtration

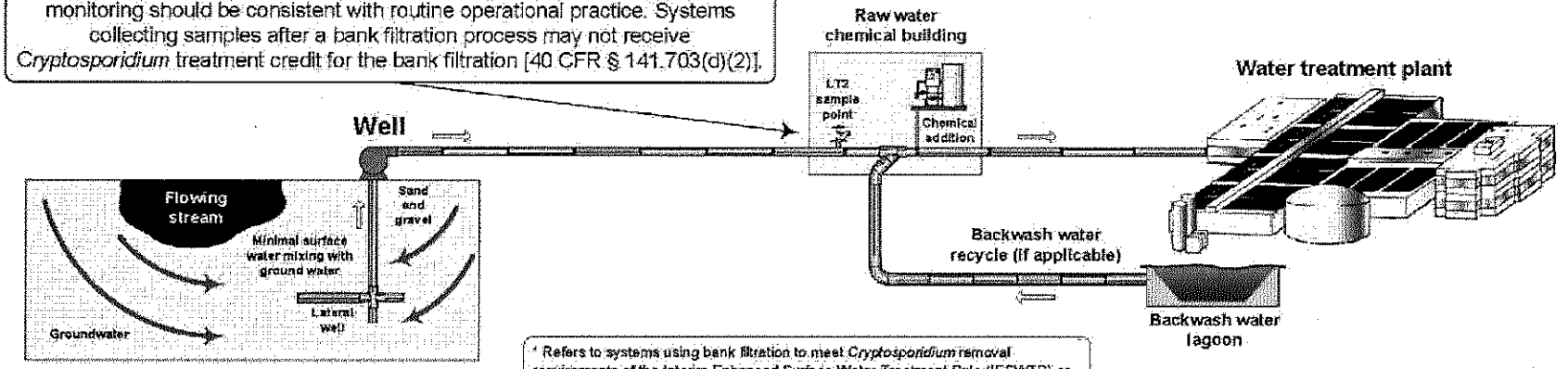
The correct sampling location for systems using bank filtration differs depending on whether the bank filtered water is treated by subsequent filtration:

Scenario 1: Systems that receive *Cryptosporidium* treatment credit for bank filtration must collect source water samples in the surface water prior to bank filtration [40 CFR § 141.703(d)(1)].*



Bank filtration cross section

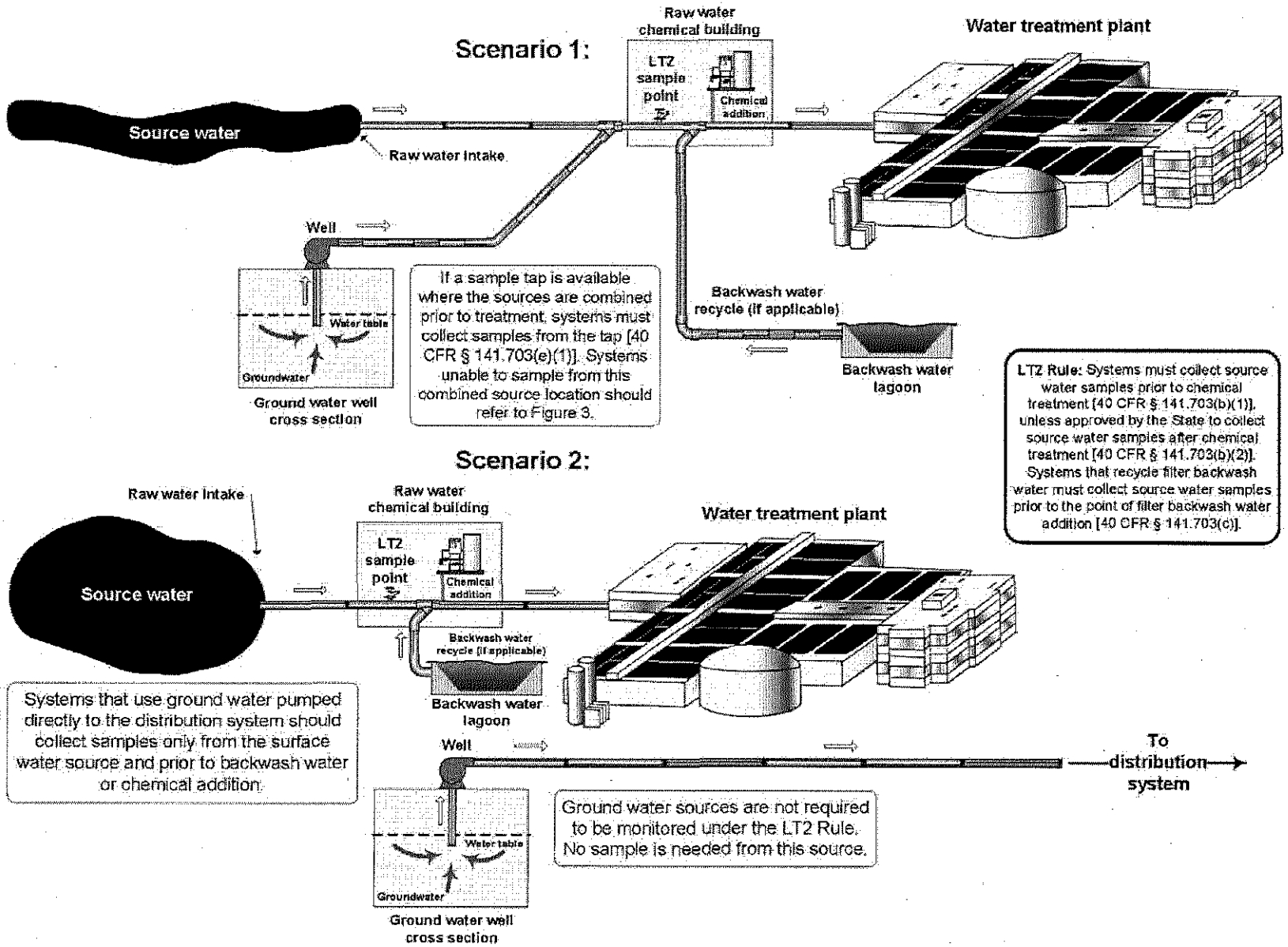
Scenario 2: Systems using bank filtered water that is treated by subsequent filtration must collect source water samples from the well source (i.e., after bank filtration) but before any other treatment.** Use of bank filtration during monitoring should be consistent with routine operational practice. Systems collecting samples after a bank filtration process may not receive *Cryptosporidium* treatment credit for the bank filtration [40 CFR § 141.703(d)(2)].



Bank filtration cross section

* Refers to systems using bank filtration to meet *Cryptosporidium* removal requirements of the Interim Enhanced Surface Water Treatment Rule (IESWTR) or Long Term 1 ESWTR under 40 CFR § 141.173(b) or 40 CFR § 141.522(a).
** Refers to systems where bank filtration serves as pretreatment to a filtration plant.

Figure 9. Mixed Source Water: Ground Water and Surface Water Sources



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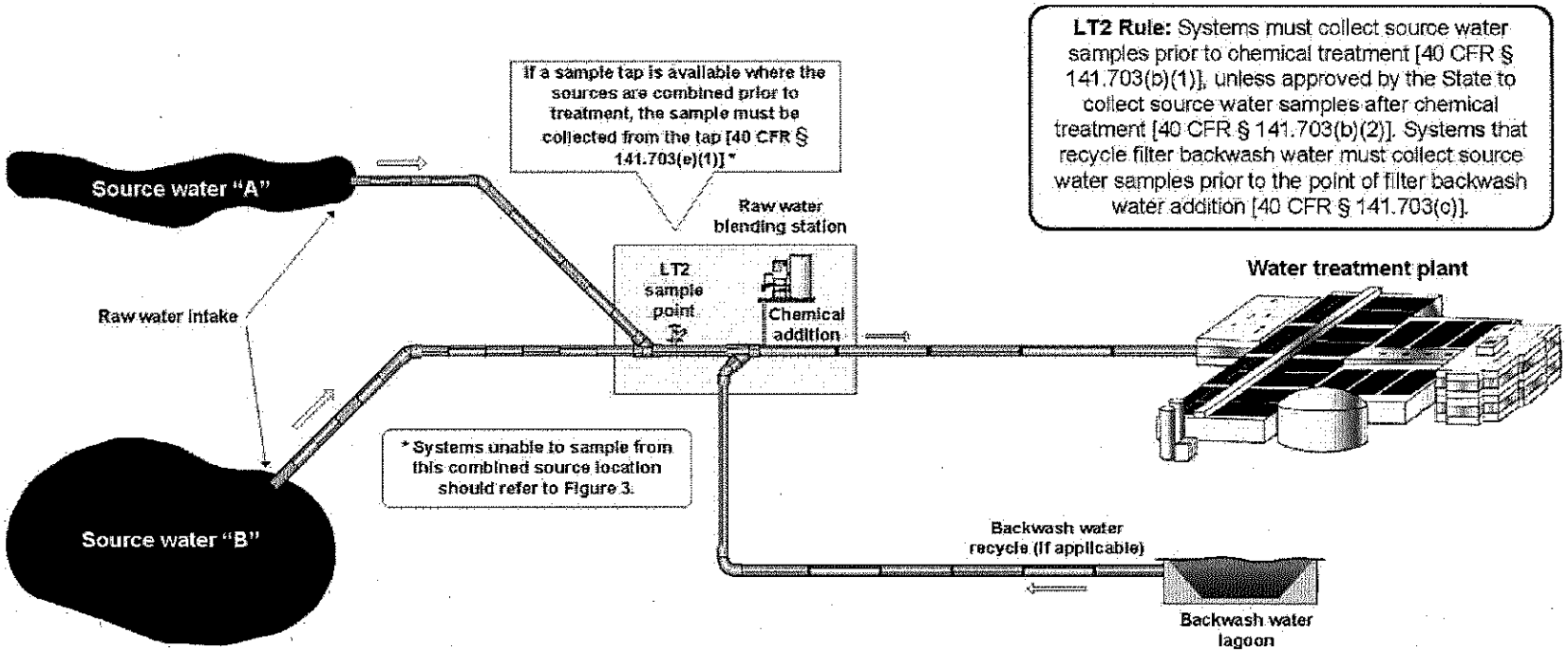

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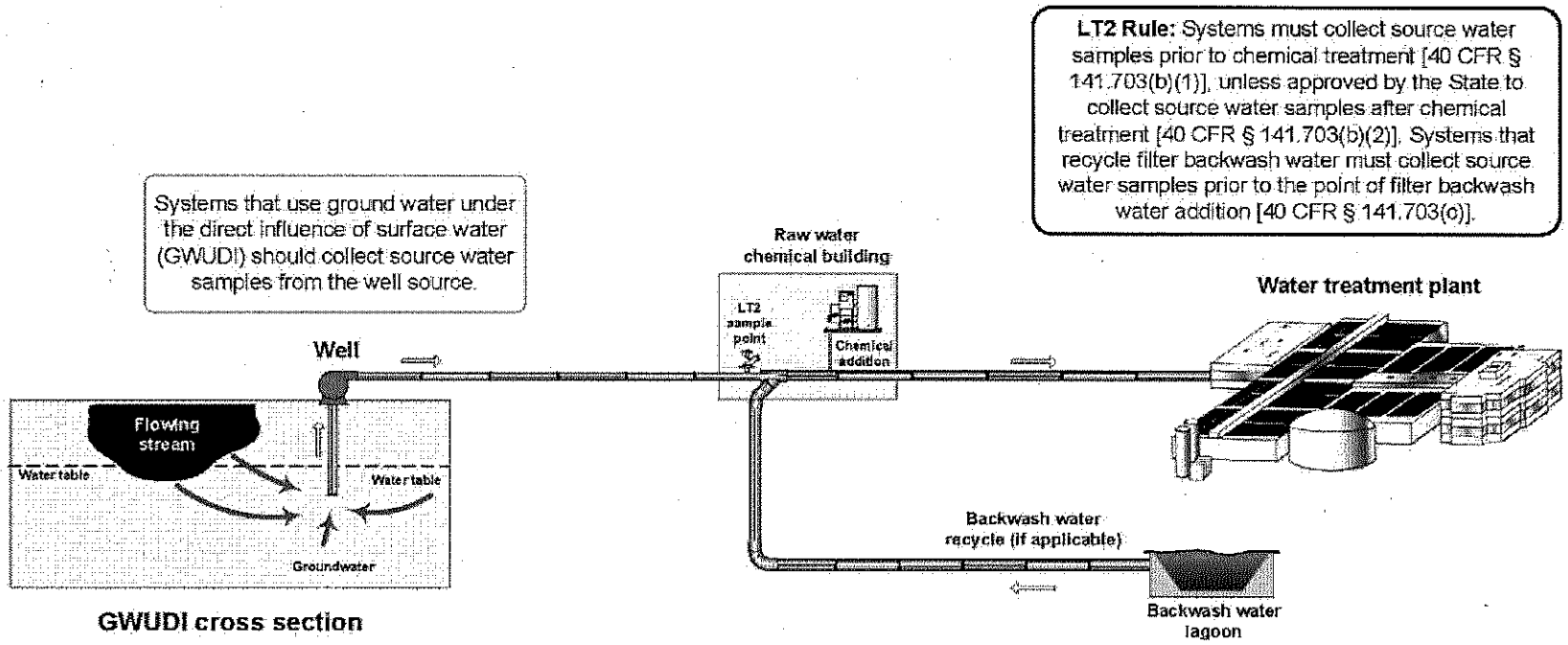

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Public Water System (PWS) name: _____

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Water system facility ID: _____

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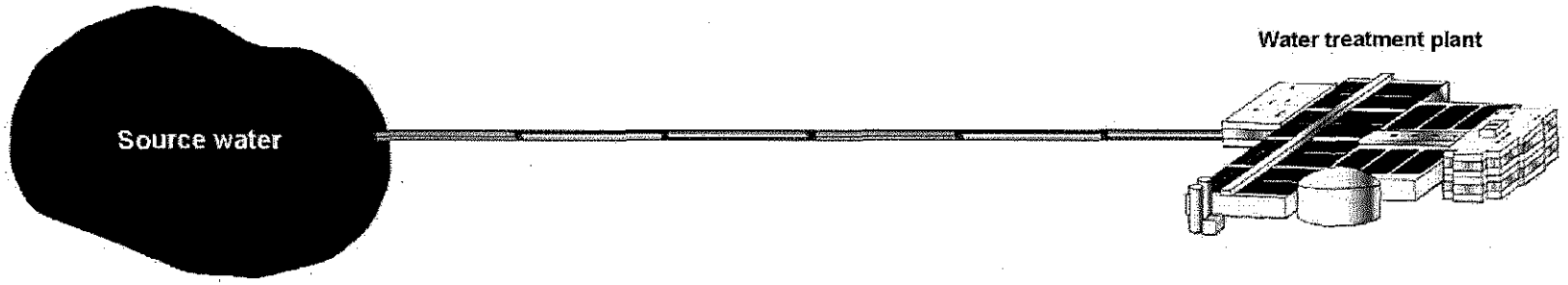

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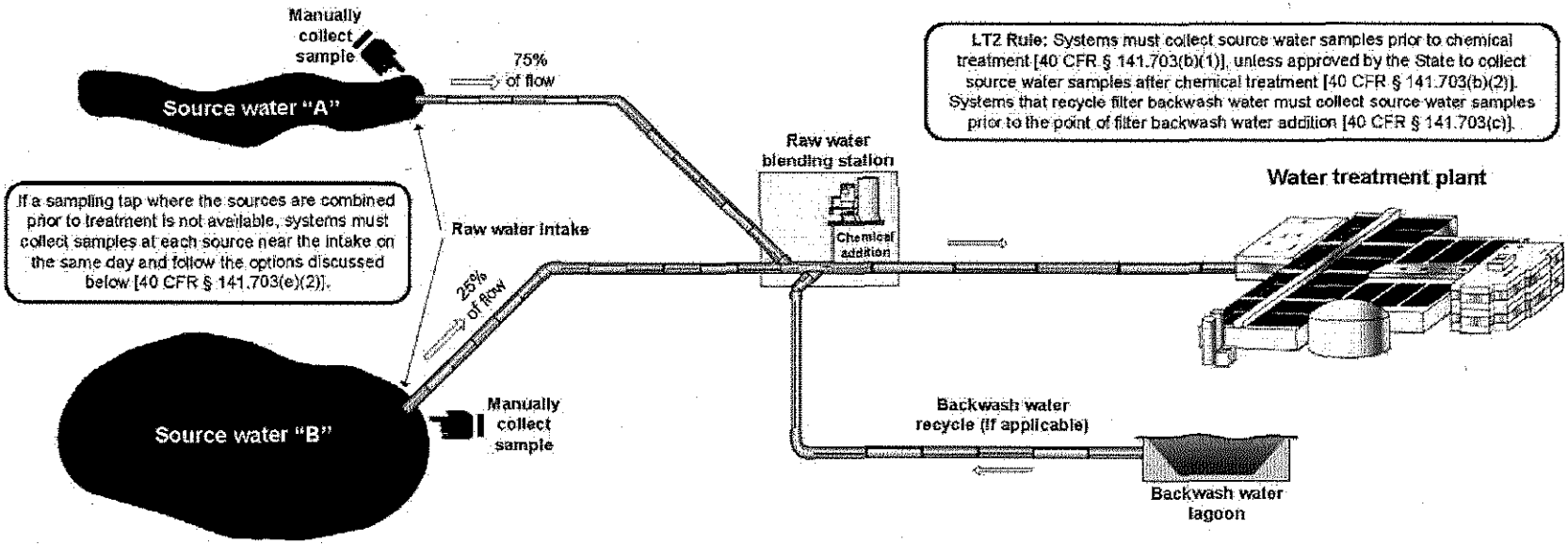
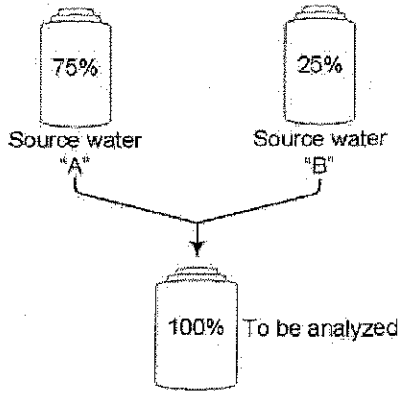


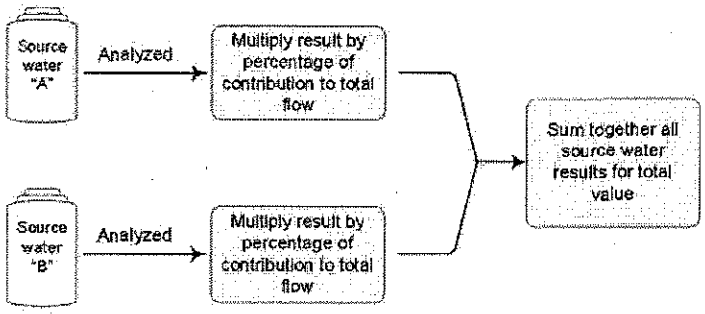
OPTION 1 (Recommended Option):

Collect samples manually at each source near the intake on the same day and composite them into one sample to be analyzed. The volume of sample from each source must reflect its proportion of the total plant flow at the time the samples were collected [40 CFR §141.703(e)(2)(i)].



OPTION 2:

Collect samples manually at each source near the intake on the same day and analyze each independently, then calculate a weighted average of the analysis results. This is done by multiplying the result for each source by the percentage of its contribution to the total plant flow at the time the samples were collected, and then summing these values [40 CFR § 141.703(e)(2)(ii)].



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Scenario 1:
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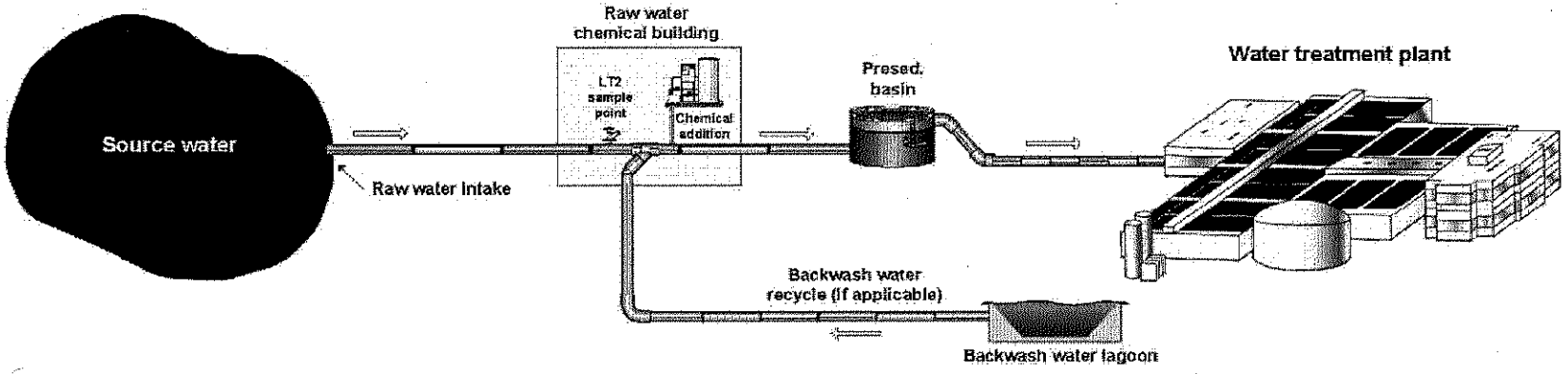

Scenario 2:
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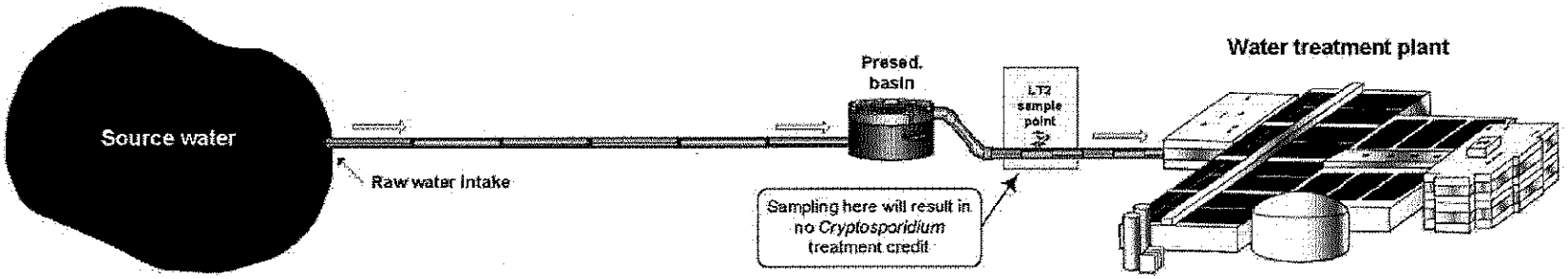

Wurfel, Brad (DEQ)

From: Prysby, Mike (DEQ)
Sent: Friday, February 06, 2015 11:01 AM
To: emurphy@cityofflint.com
Subject: FW: Water Supply Sources

Elizabeth,

Below is a link to our website that lists all of surface water systems in Michigan. You will need to scroll down to the bottom of the list to see the listing of supplies using a river as their source. Also, I am not aware of any source water assessment conducted for the Flint River watershed; however, I would like to confirm that. I will let you know asap once I obtain the confirmation.

http://www.michigan.gov/deq/0,4561,7-135-3313_3675_3691-9775--,00.html

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

Wurfel, Brad (DEQ)

From: Prysby, Mike (DEQ)
Sent: Friday, May 01, 2015 9:56 AM
To: gthomas@cityofflint.com
Cc: Busch, Stephen (DEQ)
Subject: Premise plumning
Attachments: Premise Plumbing.doc

Glen,

Based upon our discussion during our April 29th, 2015 site visit, approximately 40-45 commercial/industrial customers were identified as a potential candidate for needing a premise plumbing Water Safety Plan (WSP). Attached is a list of mechanical components within building premise plumbing to assist you in confirming this and/or identifying additional customers that could serve as WSP candidates. Please send us your completed list at your earliest convenience. Thanks.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

Building Plumbing & Appurtenances to Consider

1. **Cooling Towers ***
2. **Evaporative Condensers ***

   ***evap fluid coolers/closed circuit cooling towers typically used for cooling industrial processes, refrigeration plants in cold stores, and cooling of make-up water for large building AC units**

3. **Gravity fed storage tanks**
4. **Boiler systems**
5. **Plate heat exchangers**
6. **Circulating/non-circulating hot water systems**
7. **Buildings with extensive plumbing (large runs of hot water piping and/or dead-end piping).**

Wurfel, Brad (DEQ)

From: Prysby, Mike (DEQ)
Sent: Monday, April 06, 2015 9:00 AM
To: Michael Glasgow
Cc: Rosenthal, Adam (DEQ)
Subject: RE: City of Flint - March Bromate Results

Michael,

The March result is encouraging....we need a copy of the sample result from the sample collected in October of 2014...

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

From: Michael Glasgow [mailto:mglasgow@cityofflint.com]
Sent: Monday, April 06, 2015 7:24 AM
To: Rosenthal, Adam (DEQ)
Cc: Prysby, Mike (DEQ)
Subject: City of Flint - March Bromate Results

Adam,

Here are the results of our March bromate sampling.

Mike Glasgow
City of Flint Water Plant

Wurfel, Brad (DEQ)

From: Prysby, Mike (DEQ)
Sent: Monday, April 13, 2015 4:30 PM
To: Michael Glasgow
Subject: RE: City of Flint March 2015 MOR

Thanks Michael....

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

From: Michael Glasgow [mailto:mglasgow@cityofflint.com]
Sent: Monday, April 13, 2015 4:21 PM
To: Prysby, Mike (DEQ)
Subject: City of Flint March 2015 MOR

Mike,

Here is the completed MOR for March.

Mike Glasgow
City of Flint Water Plant

Wurfel, Brad (DEQ)

From: Prysby, Mike (DEQ)
Sent: Tuesday, February 17, 2015 4:03 PM
To: Howard Croft
Cc: Busch, Stephen (DEQ); Benzie, Richard (DEQ)
Subject: RE: City Water Tech Team

Howard,

After further discussion with ODWMA staff, I am available to participate in the TAC. My main role will be review water system reports and provide comments and/or guidance primarily from a regulatory standpoint. Please keep me informed as to when the first meeting will be held. Finally, I wish to extend my thanks for the invitation to participate in the TAC.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

From: Howard Croft [mailto:hcroft@cityofflint.com]
Sent: Saturday, February 14, 2015 8:45 AM
To: Prysby, Mike (DEQ)
Subject: City Water Tech Team

Mike,

The City of Flint has contracted with Veolia North America in order to have an additional review of the water system. As part of this review, we are working to develop a Technical Advisory Committee (TAC) that will that will receive reports and interact with the technical staff from Veolia. The City has identified 8 - 12 entities or individuals that we are extending an invitation to participate on this committee.

I would like to extend this invitation to you or your designee to be a representative on the TAC team which we hope to have established by early next week.

I understand that this is short notice but if you would consider the offer and confirm or deny your participation I would greatly appreciate it. We are hoping to announce the names of this team at a Public Works Committee meeting Wednesday February 18th. The details of the first meeting and the ongoing agenda which is anticipated to extend through the implementation of the Karegnondi Water Authority as a water source will also be unveiled next week..

Thank you,

--

Howard Croft
Public Works Director
City of Flint
1101 S. Saginaw Street
Flint, MI 48502
PH# 810.766.7135 Ext.2043
hcroft@cityofflint.com

Wurfel, Brad (DEQ)

From: Prysby, Mike (DEQ)
Sent: Thursday, March 19, 2015 10:24 AM
To: Howard Croft
Cc: Busch, Stephen (DEQ); Rosenthal, Adam (DEQ)
Subject: RE: HC Letter & FAQ's

Howard,

It appears that my edits were not included in the final letter. The 6th paragraph down should be revised such that residents understand the difference between the Locational Running Annual Average (LRAA) and the results from the individual quarter (Feb 2015) ...to avoid possible confusion when they read the DEQ PN template which states that two of the eight sites are above the TTHM standard (this being based on the LRAA). Also, the words "annual average" needs to be replaced with Locational Running Annual Average (LRAA).

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

From: Howard Croft [mailto:hcroft@cityofflint.com]
Sent: Thursday, March 19, 2015 9:09 AM
To: Brent Wright; Daugherty Johnson; Dayne Walling; donna. cole; gdn2@aol.com; Howard Croft; James Henry; jmikewright; JoAnne Herman; John O'Brien; Kirk Smith; larry.koehler@mcc.edu; Laura Sullivan; Michael Glasgow; Mike Lane; Prysby, Mike (DEQ); Natasha Henderson; Norb Birchmeier; Pete Levine; Robert Nicholas; rosejo@msu.edu; Russell Hudson; Samir Matta; Warren Green; Elizabeth Murphy; Robert Bincsik; Robert Case; Jason Lorenz; Kelly Rossman-McKinney; Sharon Emery; Gerald Ambrose
Subject: HC Letter & FAQ's

Technical Team Members,

Attached please find the final copy of a letter to the health community along with a Frequently Asked Question list.

These documents are ready for distribution among your peers and others. We anticipate mailing out the actual violation notice at the beginning of next week.

I will email everyone on this list when we determine a date for the next Technical Committee Meeting.

Thank you,

--
Howard Croft
Public Works Director
City of Flint
1101 S. Saginaw Street
Flint, MI 48502
PH# 810.766.7135 Ext.2043
hcroft@cityofflint.com

Wurfel, Brad (DEQ)

From: Prysby, Mike (DEQ)
Sent: Friday, May 08, 2015 9:47 AM
To: Howard Croft
Subject: RE: May_Technical Advisory Meeting

Howard,

The May 20th Distribution Practices Seminar that I am registered for has been postponed; thus, I will be available to participate in the TAC meeting on Wed. May 20th in Flint. See you on the 20th.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

From: Howard Croft [mailto:hcroft@cityofflint.com]
Sent: Monday, May 04, 2015 2:06 PM
To: Brent Wright; Daugherty Johnson; donna. cole; Elizabeth Murphy; gdn2@aol.com; Gerald Ambrose; Howard Croft; James Henry; Jason Lorenz; jmikewright; JoAnne Herman; John O'Brien; Kirk Smith; larry.koehler@mcc.edu; Laura Sullivan; Michael Glasgow; Michael Wright; Mike Lane; Prysby, Mike (DEQ); Norb Birchmeier; Pete Levine; Robert Bincsik; rosejo@msu.edu; Russell Hudson; Samir Matta; Warren Green; Michael Sargent
Cc: Natasha Henderson
Subject: May_Technical Advisory Meeting

Technical Advisory team,

We are planning to hold our next advisory meeting on Wednesday May 20th 2:00 pm at City Hall. The focus points of the meeting will be to convey the advancements in the current water quality, the summer implementation plans and timelines, and the latest information on test results.

We continue to offer testing and to look for any residential concerns about the water. I encourage all of the hospital and college representatives to bring forward any recent issues that may have arisen and we will look to discuss those as well as any other situations that we are aware of. I will send out an agenda early next week and we will plan on having a conference line available to call in.

Please send any questions or comments to me if there are items that you would like to see addressed.

Thank you,

--
Howard Croft
Public Works Director
City of Flint
1101 S. Saginaw Street
Flint, MI 48502
PH# 810.766.7135 Ext.2043

hcroft@cityofflint.com

Wurfel, Brad (DEQ)

From: Prysby, Mike (DEQ)
Sent: Thursday, March 19, 2015 11:28 AM
To: Bennett, Charles (DEQ); Thomas Hutchings (thutchings@cityofflint.com)
Cc: Kammer, Stephanie (DEQ); Case, Robert; Busch, Stephen (DEQ); 'bwright@cityofflint.com'
Subject: RE: PEAS call

Brent investigated the PEAS call and left me a voicemail with his findings. He confirmed that the residue was a previous lime sludge leak and frozen residue still needs to be cleaned up. The source of the sheen was from a previous storm sewer discharge; however, there was no storm sewer discharge this morning and conditions appeared clear. Brent also followed up with the concerned citizen. Brent will provide further follow-up (via e-mail) concerning this PEAS call.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

From: Bennett, Charles (DEQ)
Sent: Thursday, March 19, 2015 10:10 AM
To: Thomas Hutchings (thutchings@cityofflint.com)
Cc: Kammer, Stephanie (DEQ); Prysby, Mike (DEQ); Case, Robert; Busch, Stephen (DEQ)
Subject: PEAS call

Tom, I just spoke with a gentleman that reported a discharge to the Flint River south of Carpenter Rd at Bray. The complainant stated that the material is whitish and may have a sheen also. He said it looks like crews have done some excavating along the bike path near this discharge. Attached are photos that I received a moment ago from the caller.

Also, you may want to contact Brent Wright about this matter as well, since our Drinking Water engineer has contacted him about this also (see attachment). Please let me know what you find.

thanks,
chuck

Charles Bennett, PE
DEQ Water Resources Division
Lansing District Office
BennettC4@michigan.gov
ph 517-284-6659; fax 517-241-3571

Wurfel, Brad (DEQ)

From: Prysby, Mike (DEQ)
Sent: Thursday, March 19, 2015 11:07 AM
To: Daugherty Johnson
Cc: Busch, Stephen (DEQ)
Subject: RE: RE: Flint Water Age map

Daugherty,

Based upon the most recent information provided to us from the city and your consultant, we are comfortable with either size transmission main (20-inch or 24-inch) for the transmission main project. An Act 399 permit (Permit No. W131020) issued March 18, 2013 (expired yesterday) inlcuded 23,550 LF of 24-inch WM, 1068 LF of 8-inch WM and 6800 LF of 8-inch WM. Given the reduced scope (lineal footage) of the project and expired permit...A new Act 399 permit seems more appropriate. Also, if the remaining work in the future (to complete the rest of the project) is completed under a separate contract, then, a separate Act 399 permits needs to be issued for that contract. A revised Act 399 permit application and set of plans (reduced scope) are needed. Assuming no changes in actual location of the proposed watermain and appurtenances, we should be able to expedite the review and issuance permit in a timely manner.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

From: Daugherty Johnson [mailto:djohnson@cityofflint.com]
Sent: Thursday, March 19, 2015 9:43 AM
To: Prysby, Mike (DEQ)
Subject: Fwd: RE: Flint Water Age map

Hello Mike. Here are the referenced exhibits in the 24 in. main reduction letter

Daugherty

---------- Forwarded message ----------
From: "Mack, Melissa" <MCMack@lan-inc.com>
Date: Mar 19, 2015 9:34 AM
Subject: RE: Flint Water Age map
To: "Daugherty Johnson" <djohnson@cityofflint.com>
Cc:

Hi Duffy,

Please see attached.

Melissa

Melissa C. (Henderson) Mack, PE

Associate, Project Manager

Lockwood, Andrews & Newnam, Inc.
A LEO A DALY COMPANY

2925 Briarpark Drive, Suite 400 • Houston, TX 77042-3720

T 713.266.6900 **x** 2436 **D** 713.821.0436

www.lan-inc.com • MCMack@lan-inc.com

From: Daugherty Johnson [mailto:djohnson@cityofflint.com]
Sent: Thursday, March 19, 2015 6:57 AM
To: Mack, Melissa
Subject: RE: Flint Water Age map

For clarification, I need the exhibits referenced in the letter you sent me discussing the downsizing of the 24 inch transmission main.

On Mar 19, 2015 7:55 AM, "Daugherty Johnson" <djohnson@cityofflint.com> wrote:

Hello Melissa. Could you send the exhibits referenced in the letter. DEQ wants to see them.

Thanks
Duffy

On Mar 15, 2015 5:26 PM, "Mack, Melissa" <MCMack@lan-inc.com> wrote:

You should be able to print to any size. Try 11x17 portrait. I'm attaching again in case the file got corrupt when it was sent last time.

Melissa C. (Henderson) Mack, PE

Associate, Project Manager

Lockwood, Andrews & Newnam, Inc.
A LEO A DALY COMPANY

2925 Briarpark Drive, Suite 400 • Houston, TX 77042-3720

T 713.266.6900 **x** 2436 **D** 713.821.0436

www.lan-inc.com • MCMack@lan-inc.com

From: Daugherty Johnson [mailto:djohnson@cityofflint.com]
Sent: Friday, March 13, 2015 1:46 PM
To: Mack, Melissa
Subject: RE: Flint Water Age map

I cannot print the map in its entirety. Do I need to scale a specific way?

On Mar 13, 2015 8:54 AM, "Mack, Melissa" <MCMack@lan-inc.com> wrote:

Duffy,

As discussed here is the water age map from January showing the water sample locations.

Thanks,

Melissa

Melissa C. (Henderson) Mack, PE

Associate, Project Manager

Lockwood, Andrews & Newnam, Inc.
A LEO A DALY COMPANY

2925 Briarpark Drive, Suite 400 • Houston, TX 77042-3720

T 713.266.6900 **x** 2436 **D** 713.821.0436

www.lan-inc.com • MCMack@lan-inc.com

From: Mack, Melissa
Sent: Thursday, March 12, 2015 1:12 PM
To: Daugherty Johnson; Green, Warren; Matta, Samir
Subject: Re: Flint Water Age map

Duffy,

We heard back from Innovyze. The model file got corrupted, but they are walking us through a fix. We are documenting the process so we'll know what do do if it happens in the future.

We expect to have fixed this afternoon and have the maps to you thereafter.

Thank you,

Melissa

Sent from my iPhone

On Mar 11, 2015, at 5:04 PM, Mack, Melissa <MCMack@lan-inc.com> wrote:

> Duffy,
>
> We ran into a technical issue with the model creating the water age maps without the 24-inch highlighted. We have to send the model to Innovyze. They weren't able to help us over the phone. We will get you the maps as soon as possible.
>
> Thanks,
>
> Melissa
>
> **Melissa C. (Henderson) Mack**, PE
>
> Associate, Project Manager
>
> <image001.gif>

2925 Briarpark Drive, Suite 400 • Houston, TX 77042-3720

T 713.266.6900 **x** 2436 **D** 713.821.0436

www.lan-inc.com • MCMack@lan-inc.com

From: Daugherty Johnson [mailto:djohnson@cityofflint.com]
Sent: Wednesday, March 11, 2015 9:07 AM
To: Mack, Melissa; Green, Warren; Matta, Samir
Subject: Flint Water Age map

Hello Melissa. Would you please send me a copy of the latest Water Age map for Flint.

Thanks

Duffy

Wurfel, Brad (DEQ)

From: Prysby, Mike (DEQ)
Sent: Tuesday, March 17, 2015 4:26 PM
To: Howard Croft; Brent Wright; Daugherty Johnson; Dayne Walling; donna. cole; gdn2 @aol.com; James Henry; jmikewright; JoAnne Herman; John O'Brien; Kirk Smith; larry.koehler@mcc.edu; Laura Sullivan; Michael Glasgow; Mike Lane; Natasha Henderson; Norb Birchmeier; Pete Levine; rob.nicholas@veolia.com; Robert Nicholas; rosejo@msu.edu; Russell Hudson; Samir Matta; Warren Green
Cc: Busch, Stephen (DEQ)
Subject: RE: TTHM Draft Letter
Attachments: Draft - Flint Letter to Healthcare Providers.docx

Howard,

I made a few changes to the draft letter...in red (see attached)....mainly to make a more clear distinction between the locational running annual average and the stand-alone quarter (February 2015) results and how it affects the number of sites in compliance. If you have any questions, feel free to call me.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

From: Howard Croft [mailto:hcroft@cityofflint.com]
Sent: Monday, March 16, 2015 4:28 PM
To: Brent Wright; Daugherty Johnson; Dayne Walling; donna. cole; gdn2@aol.com; Howard Croft; James Henry; jmikewright; JoAnne Herman; John O'Brien; Kirk Smith; larry.koehler@mcc.edu; Laura Sullivan; Michael Glasgow; Mike Lane; Prysby, Mike (DEQ); Natasha Henderson; Norb Birchmeier; Pete Levine; rob.nicholas@veolia.com; Robert Nicholas; rosejo@msu.edu; Russell Hudson; Samir Matta; Warren Green
Subject: TTHM Draft Letter

Team,

We have received our notice from the DEQ and our next step is to have this group preview the letter that we intend to send to the public along with it. I have forwarded everyone a draft of the letter for any comments and I am also sending again all of the literature that was forwarded from Mr. Wright of the EPA and DR. Rose of MSU.

We expect to have an additional FAQ ready and out to this group on Tuesday and we anticipate the violation notice going out in the near future.

The **citizens advisory group** will meet again on this Thursday, we are currently looking to have another **Technical Advisory Committee** with this group in early April.

Thank you,
--
Howard Croft
Public Works Director
City of Flint
1101 S. Saginaw Street
Flint, MI 48502
PH# 810.766.7135 Ext.2043
hcroft@cityofflint.com

DRAFT Letter to Flint Healthcare Providers

The safety and quality of Flint's water has been in the news for months. We have worked hard to address these issues and have succeeded in bringing Flint's water within the state's safety guidelines on all measures, including TTHM (total trihalomethanes). Excess TTHM triggered the initial letter to our customers earlier this year.

Even though Flint water now meets the standards and is testing significantly below the state's allowable contamination levels, we are required to send out another letter to residents because the *annual* quarterly testing average is not yet below the state's allowable average.

Flint tests for TTHM – a byproduct of the water chlorination process – at eight different sites in the city. When we began using the Flint River as a source in April of 2014, our first round of quarterly testing for TTHM was conducted in May. At that time, only two testing sites were below the allowable maximum; in August, every site was above the allowable maximum.

The City, with the help of LAN engineering, developed an Operation Evaluation Report (OER) which contained an action plan to address the issue. That plan was implemented with steps including upgrading the ozone treatment process at the Water Treatment Plant (WTP), **complete softening,** increasing water main/hydrant flushing to decrease stagnation, small scale testing of treatment to identify areas of improvement, applying overall improvements to the WTP through operational changes and to the distribution system through water circulation modeling

Because the public notice is based on a **locational running** annual average of quarterly results a notice was not required until November, at which time all but one testing **location** was below the allowable levels. **Our most recent testing in February 2015 showed all locations well below state allowable levels; however, the locational running annual average (based on the four most recent quarters – May 2014 – Feb. 2015) results in all but two locations being below the allowable level.** (See the attached graph outlining our progress.)

We have taken many steps to continue to improve the safety and quality of Flint's water, including bringing in international urban water system consultants, Veolia North America, and establishing two advisory committees: a Citizens Advisory Committee, along with a Technical Advisory Committee made up of representatives from the University of Michigan, Michigan State University, Kettering University, Mott Community College, Genesys, McLaren, and Hurley Hospitals along with local health officials including the Genesee Medical Society the Genesee County Public Health Department, the Michigan Department of Environmental Quality and the U.S. Environmental Protection Agency.

We have also established a hotline 810-787-6537 and a place for continuing updates on the city's website cityofflint.com and have encouraged residents who are concerned about their water to report it to us immediately so that we can make arrangements for on-site testing. Although we have been offering this for more than a month, to date only a few residents have requested on-site testing. All residents wishing to have their water tested can call the hotline number or send an email to flintwater@cityofflint.com.

Despite our progress, we are required by law to once again advise residents about what *was* an excess of TTHM in Flint's water system at the eight testing sights last year. The letter – a draft of which is enclosed for your information – includes legally required language recommending that residents who have (severely compromised immune systems, have an infant, or are elderly) should contact their physician. This is standard language from the U.S. EPA which is included in every water quality or water related report the City publishes, regardless of whether there are specific health or quality concerns, and is used by other municipalities nationwide. We failed to alert you in advance of our original letter we were required to send out earlier this year – and we don't want to make that mistake again. We have enclosed a fact sheet and a list of Frequently Asked Questions in an effort to help you respond to any inquiries you may get from patients.

We recognize that Flint's water system may still be challenged with *quality* issues such as discoloration or odor but we assure you the *safety* of the water meets all state standards. You should also know that the City also publishes its monthly tests for a wide variety of water treatment components, including chloride levels, on its website at cityofflint.com/?page_id=5643.

We urge you to contact the City of Flint Water Treatment Plant with any specific questions or concerns you may have on this issue. We will do our absolute best to get you the answers you need.

Sincerely,

DRAFT

Wurfel, Brad (DEQ)

From: Prysby, Mike (DEQ)
Sent: Friday, February 06, 2015 12:57 PM
To: emurphy@cityofflint.com
Subject: RE: Water Supply Sources

Elizabeth,

Yes, a source water assessment was completed for the Flint River and a report is available. I will send it to you asap (later today or on Monday).

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

From: Prysby, Mike (DEQ)
Sent: Friday, February 06, 2015 11:01 AM
To: 'emurphy@cityofflint.com'
Subject: FW: Water Supply Sources

Elizabeth,

Below is a link to our website that lists all of surface water systems in Michigan. You will need to scroll down to the bottom of the list to see the listing of supplies using a river as their source. Also, I am not aware of any source water assessment conducted for the Flint River watershed; however, I would like to confirm that. I will let you know asap once I obtain the confirmation.

http://www.michigan.gov/deq/0,4561,7-135-3313_3675_3691-9775--,00.html

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

Wurfel, Brad (DEQ)

From: Prysby, Mike (DEQ)
Sent: Thursday, February 12, 2015 11:43 AM
To: 'bwright@cityofflint.com'; 'rbincsik@cityofflint.com'
Subject: Residential customers

Brent, Rob....

I need Flint's most recent number of active residential service connections as part of updating MDEQ's estimated population served. Also, add in commercial and industrial accounts; however, keep them separate. Thanks.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

Wurfel, Brad (DEQ)

From: Prysby, Mike (DEQ)
Sent: Friday, May 01, 2015 10:01 AM
To: 'rbincsik@cityofflint.com'
Subject: Watermain breaks

Robert,

Based upon the discussion during our April 29th site visit, you have forwarded available information concerning the occurrence (location & date) of watermain breaks in the city of Flint during 2014. Please provide us with a copy of this information at your earliest convenience. Thanks.

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

Wurfel, Brad (DEQ)

From: Rosenthal, Adam (DEQ)
Sent: Tuesday, May 12, 2015 4:33 PM
To: Mike Glasgow
Subject: distribution WQPs

Good afternoon Mike, we did not receive a 2nd half 2014 water quality parameters in the distribution system for the City of Flint. Please email me a copy when you get this.

thanks,

Adam Rosenthal, EQA
MDEQ – Office of Drinking Water and Municipal Assistance
Lansing District – Constitution Hall 1SW
PO Box 30242
Lansing, MI 48909
517-284-6644
fax: 517-241-3571

For MORs, Lab Results & Reporting Forms:
DEQ-DWMA-Lansing@michigan.gov

Wurfel, Brad (DEQ)

From: Rosenthal, Adam (DEQ)
Sent: Monday, February 09, 2015 1:21 PM
To: Mike Glasgow
Subject: January '15 MOR

Hi Mike, any chance you have your January MOR ready? I need a copy, EPA is asking for some data as they are getting calls. Please send what you have.

thanks,

Adam Rosenthal, EQA
MDEQ – Office of Drinking Water and Municipal Assistance
Lansing District – Constitution Hall 1SW
PO Box 30242
Lansing, MI 48909
517-284-6644
fax: 517-241-3571

For MORs, Lab Results & Reporting Forms:
DEQ-DWMA-Lansing@michigan.gov

Wurfel, Brad (DEQ)

From: Rosenthal, Adam (DEQ)
Sent: Friday, February 27, 2015 9:13 AM
To: Mike Glasgow
Subject: Lead Copper Cert form

Morning Mike, I need your lead/copper cert form – it was due by 1/10/15. I also need your 4th quarter WQPs for 2014. EPA is asking due to your 104 hit on lead. If you can, I need them today.

thanks,

Adam Rosenthal, EQA
MDEQ – Office of Drinking Water and Municipal Assistance
Lansing District – Constitution Hall 1SW
PO Box 30242
Lansing, MI 48909
517-284-6644
fax: 517-241-3571

For MORs, Lab Results & Reporting Forms:
DEQ-DWMA-Lansing@michigan.gov

Wurfel, Brad (DEQ)

From: Rosenthal, Adam (DEQ)
Sent: Tuesday, March 10, 2015 9:53 AM
To: Michael Glasgow
Subject: RE: City of Flint Water Plant Monitoring Results

Got it, thanks Mike.

Adam Rosenthal, EQA
MDEQ – Office of Drinking Water and Municipal Assistance
Lansing District – Constitution Hall 1SW
PO Box 30242
Lansing, MI 48909
517-284-6644
fax: 517-241-3571

For MORs, Lab Results & Reporting Forms:
DEQ-DWMA-Lansing@michigan.gov

From: Michael Glasgow [mailto:mglasgow@cityofflint.com]
Sent: Tuesday, March 10, 2015 9:51 AM
To: Rosenthal, Adam (DEQ)
Subject: City of Flint Water Plant Monitoring Results

Adam,

Good morning, here are the results of our February monthly bromate monitoring, and our first quarter radiological testing.

Mike Glasgow
City of Flint Water Plant

Wurfel, Brad (DEQ)

From: Rosenthal, Adam (DEQ)
Sent: Tuesday, March 10, 2015 9:53 AM
To: Michael Glasgow
Subject: RE: City of Flint Water Plant Monitoring Results

Got it, thanks Mike.

Adam Rosenthal, EQA
MDEQ – Office of Drinking Water and Municipal Assistance
Lansing District – Constitution Hall 1SW
PO Box 30242
Lansing, MI 48909
517-284-6644
fax: 517-241-3571

For MORs, Lab Results & Reporting Forms:
DEQ-DWMA-Lansing@michigan.gov

From: Michael Glasgow [mailto:mglasgow@cityofflint.com]
Sent: Tuesday, March 10, 2015 9:51 AM
To: Rosenthal, Adam (DEQ)
Subject: City of Flint Water Plant Monitoring Results

Adam,

Good morning, here are the results of our February monthly bromate monitoring, and our first quarter radiological testing.

Mike Glasgow
City of Flint Water Plant

Wurfel, Brad (DEQ)

From: Rosenthal, Adam (DEQ)
Sent: Thursday, May 14, 2015 9:50 AM
To: Michael Glasgow
Subject: RE: distribution WQPs

thank you sir.

Adam

From: Michael Glasgow [mailto:mglasgow@cityofflint.com]
Sent: Thursday, May 14, 2015 8:53 AM
To: Rosenthal, Adam (DEQ)
Subject: Re: distribution WQPs

Adam,

Here is the 1st quarter WQP for 2015.

Mike

On Wed, May 13, 2015 at 3:07 PM, Rosenthal, Adam (DEQ) <ROSENTHALA@michigan.gov> wrote:

got it. Now I need the 1st qtr 2015.

thanks,

Adam Rosenthal, EQA

MDEQ – Office of Drinking Water and Municipal Assistance

Lansing District – Constitution Hall 1SW

PO Box 30242

Lansing, MI 48909

517-284-6644

fax: 517-241-3571

For MORs, Lab Results & Reporting Forms:

DEQ-DWMA-Lansing@michigan.gov

From: Michael Glasgow [mailto:mglasgow@cityofflint.com]
Sent: Wednesday, May 13, 2015 11:54 AM
To: Rosenthal, Adam (DEQ)
Subject: Re: distribution WQPs

Adam,

Here are the 2014 WQM parameters during full time plant operation.

Mike

On Tue, May 12, 2015 at 4:32 PM, Rosenthal, Adam (DEQ) <ROSENTHALA@michigan.gov> wrote:

Good afternoon Mike, we did not receive a 2nd half 2014 water quality parameters in the distribution system for the City of Flint. Please email me a copy when you get this.

thanks,

Adam Rosenthal, EQA

MDEQ – Office of Drinking Water and Municipal Assistance

Lansing District – Constitution Hall 1SW

PO Box 30242

Lansing, MI 48909

517-284-6644

fax: 517-241-3571

For MORs, Lab Results & Reporting Forms:

DEQ-DWMA-Lansing@michigan.gov

Wurfel, Brad (DEQ)

From: Rosenthal, Adam (DEQ)
Sent: Wednesday, May 13, 2015 3:08 PM
To: Michael Glasgow
Subject: RE: distribution WQPs

got it. Now I need the 1st qtr 2015.

thanks,

Adam Rosenthal, EQA
MDEQ – Office of Drinking Water and Municipal Assistance
Lansing District – Constitution Hall 1SW
PO Box 30242
Lansing, MI 48909
517-284-6644
fax: 517-241-3571

For MORs, Lab Results & Reporting Forms:
DEQ-DWMA-Lansing@michigan.gov

From: Michael Glasgow [mailto:mglasgow@cityofflint.com]
Sent: Wednesday, May 13, 2015 11:54 AM
To: Rosenthal, Adam (DEQ)
Subject: Re: distribution WQPs

Adam,

Here are the 2014 WQM parameters during full time plant operation.

Mike

On Tue, May 12, 2015 at 4:32 PM, Rosenthal, Adam (DEQ) <ROSENTHALA@michigan.gov> wrote:

Good afternoon Mike, we did not receive a 2nd half 2014 water quality parameters in the distribution system for the City of Flint. Please email me a copy when you get this.

thanks,

Adam Rosenthal, EQA

MDEQ – Office of Drinking Water and Municipal Assistance

Lansing District – Constitution Hall 1SW

PO Box 30242

Lansing, MI 48909

517-284-6644

fax: 517-241-3571

For MORs, Lab Results & Reporting Forms:

DEQ-DWMA-Lansing@michigan.gov

Wurfel, Brad (DEQ)

From: Rosenthal, Adam (DEQ)
Sent: Monday, February 09, 2015 2:36 PM
To: Michael Glasgow
Subject: RE: January '15 MOR

ok, thanks.

Adam Rosenthal, EQA
MDEQ – Office of Drinking Water and Municipal Assistance
Lansing District – Constitution Hall 1SW
PO Box 30242
Lansing, MI 48909
517-284-6644
fax: 517-241-3571

For MORs, Lab Results & Reporting Forms:
DEQ-DWMA-Lansing@michigan.gov

From: Michael Glasgow [mailto:mglasgow@cityofflint.com]
Sent: Monday, February 09, 2015 2:00 PM
To: Rosenthal, Adam (DEQ)
Subject: Re: January '15 MOR

Adam,

I'm just about finished with it, just finishing up with some of the operational chemical feed data, I will send a pdf copy to you tomorrow when it will be fully complete. Attached is what I have done so far.

Mike

On Mon, Feb 9, 2015 at 1:20 PM, Rosenthal, Adam (DEQ) <ROSENTHALA@michigan.gov> wrote:

Hi Mike, any chance you have your January MOR ready? I need a copy, EPA is asking for some data as they are getting calls. Please send what you have.

thanks,

Adam Rosenthal, EQA

MDEQ – Office of Drinking Water and Municipal Assistance

Lansing District – Constitution Hall 1SW

PO Box 30242

Lansing, MI 48909

517-284-6644

fax: 517-241-3571

For MORs, Lab Results & Reporting Forms:

DEQ-DWMA-Lansing@michigan.gov

000342

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUES

LF47179
Data Coding
41102228
11/21/14 10:35 AM

- **Sample Collecti** ... this form
- FEE AMOUNTS O ... 2010.
  Fee amounts are s
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	(✓) Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- (1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- (0) Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- (4) Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810 - 787 - 6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One AM / PM)
CHRIS BEATENHEAD	11/19/14	6:00

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address): 2205 FLUSHING RD.	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000343

JW 11/24

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: ~~450~~ P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING … DEPARTME…

REQUEST

LF47180
Data Coding
41102228
11/21/14 10:35 AM

- **Sample Collectio…** …his form
- FEE AMOUNTS ON … 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
BRIAN URCH	11/20/14	6:45	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3814 WHITTIER AVE.		
City: FLINT **County:** GENESEE	**ZIP Code:** 48506	**Well (If more than one) Number:**
Sampling Point (kitchen, bath, etc.): BATHROOM	**Site Code or Permit Number (If known):**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000344

12/11/14 DKT OR

LF47541
Data Coding
41102556
11/26/14 8:41 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505

DO NOT SEND CASH! checks payable to **State of Michigan**
Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT

REQUEST

- **Sample Collection** [illegible] **on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810 - 787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
BRENT WRIGHT	11/21/14	5:15	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address)	Township (If known)	Section (If known)
3521 BENNETT AVE		
City / County	ZIP Code	Well (If more than one) Number
FLINT / GENESEE	48505	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000345

P1/14 PKJOK

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER L
DEPARTMENT OF E

REQUEST FOR

LF47542
Data Coding
41102556

11/26/14 8:41 AM

- **Sample Collection Instru**
- FEE AMOUNTS ON THIS FOR
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City / State / ZIP Code	
FLINT / MI / 48505	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
KARL ASKINS	11/20/14	6:10	~~AM~~ PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address)	Township (If known)	Section (If known)
1914 PENBROOK LN.		
City / County	ZIP Code	Well (If more than one) Number
FLINT / GENESEE	48507	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
BATHROOM		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000346

P/11/14 DWJ OK

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	GA9952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI / Zip: 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING W/ DEPARTMEN

REQUEST

LF47543
Data Coding
41102556

- **Sample Collection** 11/26/14 8:41 AM **s form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810 - 787-6537 ext. 3512
City: FLINT	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ROBERT CASE	11/24/14	8:00	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
305 ALLENDALE PL.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
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CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
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TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000347

LF48383
Data Coding
41200809
12/05/14 10:57 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LA
DEPARTMENT OF EN

REQUEST FOR V

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
STEVEN TAYLOR	12/1/14	11:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
518 FROST ST		
City: FLINT **County:** GENESEE	**ZIP Code:** 48504	**Well (If more than one) Number:**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known):**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000348

TH 12/5

LF48384
Data Coding
41200809
12/05/14 10:57 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505

DO NOT SEND CASH! checks payable to **State of Michigan**
Check # Amt. Encl.

DEQ DRINKING WATER LA
DEPARTMENT OF EN

REQUEST FOR W

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? [✓] Yes [ ] No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
TOM HUTCHINGS	12/2/14	6:15	~~AM~~ PM

[ ] Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

[ ] Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3120 NORWOOD DR.		
City: FLINT	County: GENESEE	ZIP Code: 48503
Sampling Point (kitchen, bath, etc.): BATHROOM	Site Code or Permit Number (If known)	Well (If more than one) Number

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000349

LF48385
Data Coding
41200809
12/05/14 10:57 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505

DO NOT SEND CASH! checks payable to **State of Michigan**
Check # Amt. Encl.

DEQ DRINKING WATER L
DEPARTMENT OF EN

REQUEST FOR

- **Sample Collection Instruct[illegible] on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MICHELLE JOYNER	11/25/14	8:10 am	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1901 CRESTBROOK LN.		
City: FLINT	County: GENESEE	ZIP Code: ~~48505~~ MI 48507
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	Well (If more than one) Number

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
~~CCUB~~	~~$26.00~~	
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000350

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING W... DEPARTME...

REQUEST

LF48386
Data Coding
41200809
12/05/14 10:57 AM

- **Sample Collection** ...is form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

- 0 - Single Family Dwelling
- (1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*

- (0) Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*

- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- (4) Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
JOSHUA FREEMAN	12/3/14	6:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3727 MARYLAND AVE		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48506	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000351

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER
DEPARTMENT OF E

REQUEST FOR

LF48387
Data Coding
41200809
12/05/14 10:57 AM

- **Sample Collection Instru** ...n
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
ANTHONY CHUBB	12/3/14	7:45	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel; 1- Water Supply Operator; 2- DEQ DW staff; (3)-Private Citizen; 4 - DEQ Staff other than DW; 6- MDA Staff; 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1220 BEARD ST.		
City: FLINT	**County**: GENESEE	**ZIP Code**: 48503 — **Well (If more than one) Number**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known)**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
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CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

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- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000352

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH! checks payable to **State of Michigan** Check # Amt. Encl.	

DEQ DRINKING WATER
DEPARTMENT OF

LF48388
Data Coding
41200809
12/05/14 10:57 AM

REQUEST FOR

- **Sample Collection Instr**
- FEE AMOUNTS ON THIS FORM ARE EFFECTI
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
JON MOCHTY	12/3/14	4:30	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, (3)- Private Citizen, 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other)	System/Owner Name
	CITY OF FLINT
Collection Site (Street Address): 3718 DOLPHAINE LN.	Township (If known) / Section (If known)
City: FLINT; County: GENESEE	ZIP Code: 48506; Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. BOX 246	
City	**State** / **Zip**
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** — Check # — Amt. Encl.

DEQ DRINKING WATER DEPARTMENT

REQUEST FORM

LF48389
Data Coding
41200809
12/05/14 10:57 AM

- **Sample Collection Instructions** ... s form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. ...10. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	**Area Code & Phone number**
4500 N. DORT HWY	810-787-6537 ext. 3512
City	**State** / **ZIP Code**
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
RYAN DAVIS	12/3/14	6:15	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2213 FLUSHING RD		
City / **County**	**ZIP Code**	**Well (If more than one) Number**
FLINT / GENESEE	48504	
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000354

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LAB
DEPARTMENT OF ENV

REQUEST FOR W

LF49329
Data Coding
41201745

12/11/14 2:55 PM

- **Sample Collection Instructi**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- (1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- (0) Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- (4) Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MELANIE POISSON	12/10/14	6:30	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
721 EAST ST. APT #2		
City: FLINT **County**: GENESEE	**ZIP Code**: 48503	**Well (If more than one) Number**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known)**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
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- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000355

TH 12/12

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995 2200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

LF49330
Data Coding
41201745

12/11/14 2:55 PM

- **Sample Collection Instr** ...rm
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2014. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DAVID TAYLOR	12/5/14	6:30	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1125 BARRIE AVE		
City: FLINT	**County**: GENESEE	**ZIP Code**: 48507 — **Well (If more than one) Number**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number** (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000356

ttl 12hr

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI / 48505

DO NOT SEND CASH! — checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WATER L/ DEPARTMENT OF EN

REQUEST FOR V

LF49331
Data Coding
41201745

12/11/14 2:55 PM

- **Sample Collection Instruc**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MARY LAZAR	12/6/14	9:30	~~AM~~ PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)-Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address)	Township (If known)	Section (If known)
1505 WOODWAWN PARK DR.		
City / County	ZIP Code	Well (If more than one) Number
FLINT / GENESEE	48503	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000357

12/12

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LA… DEPARTMENT OF EN…

REQUEST FOR W…

LF49332
Data Coding
41201745
12/11/14 2:55 PM

- **Sample Collection Instruct…**
- FEE AMOUNTS ON THIS FORM… …VE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MATT SELLY	12/7/14	8:20	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name	
CITY OF FLINT	
Collection Site (Street Address): 2622 WINDEMERE	Township (If known) / Section (If known)
City: FLINT County: GENESEE	ZIP Code: 48503 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000358

12/12/12

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

LF49333
Data Coding
41201745
12/11/14 2:55 PM

- **Sample Collection Instr** rm
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? [✓] Yes [ ] No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
RANDY FREEMAN	12/10/14	7:00	(AM) PM

[ ] Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

[ ] Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (if known)	Section (if known)
3517 BENNETT		
City: FLINT / County: GENESEE	ZIP Code: 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (if known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000359

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

LF49334
Data Coding
41201745

12/11/14 2:55 PM

- Sample Collection Inst
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

- 0 - Single Family Dwelling
- (1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*

- (0) Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*

- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- (4) Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DENNIS FULLER	12/5/14	7:30	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*	System/Owner Name
0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	CITY OF FLINT
Collection Site (Street Address): 927 KENSINGTON AVE	Township (If known) / Section (If known)
City: FLINT County: GENESEE	ZIP Code: 48503 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES »		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000360

TH 12/12

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATE DEPARTMENT OI

REQUEST FO

LF49335
Data Coding
41201745

12/11/14 2:55 PM

- Sample Collection Insti... orm
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

- 0 - Single Family Dwelling
- (1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*

- (0) Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*

- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- (4) Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
JASON LORENZ	12/4/14	8:11	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
	CITY OF FLINT	
Collection Site (Street Address): 1109 KENSINGTON	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000361

12/12

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48

DO NOT SEND CASH! — checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WATER LABO
DEPARTMENT OF ENVI

REQUEST FOR WA

LF49336
Data Coding
41201745

12/11/14 2:55 PM

- **Sample Collection Instructions**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City / State / ZIP Code	
FLINT / MI / 48505	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MICHAEL KELLY	12/5/14	7:15	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1901 MONTCLAIR AVE		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48503
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
BATHROOM		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000362

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

LF49337
Data Coding
41201745

12/11/14 2:55 PM

- **Sample Collection Instr...** ...this form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DAWN STEELE	12/4/14	4:30	(AM) PM

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address): 1809 LYNBROOK	Township (If known)	Section (If known)
City: FLINT	County: GENESEE	ZIP Code: 48507
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	Well (If more than one) Number

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000363

TH 12/12

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

LF49338

Data Coding 41201745

- **Sample Collection Instr** 12/11/14 2:55 PM
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2015. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) - Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
KELLY PLUNKEY	12/5/14	5:50	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) - Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1130 SIMCOE AVE		
City: FLINT **County:** GENESEE	**ZIP Code:** 48507	**Well (If more than one) Number**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known)**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000364

Thank

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LA DEPARTMENT OF EN

LF49339

REQUEST FOR W

Data Coding 41201745

- **Sample Collection Instructi** 12/11/14 2:55 PM
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
AMANDA TRUJILLO	12/4/14	6:30	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
413 BURROUGHS AVE		
City: FLINT **County:** GENESEE	**ZIP Code:** 48507	**Well (If more than one) Number**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known)**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000365

Hinkle

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER L/ DEPARTMENT OF EN

REQUEST FOR V

LF49340
Data Coding
41201745

12/11/14 2:55 PM

- **Sample Collection Instruct**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MICHAEL EVERETT	12/8/14	7:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2079 ZIMMERMAN		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48503
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

Hlrlh

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

LF49341
Data Coding
41201745
12/11/14 2:55 PM

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY.	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
LOUIS EMMERT	12/6/14	6:24	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): 2615 WESTWOOD PKWY	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000367

LF49342
Data Coding
41201745

12/12/14

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. Box 246	
City: FLINT	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FO 12/11/14 2:55 PM

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
PAT SEALS	12/8/14	4:30	(PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
	CITY OF FLINT	
Collection Site (Street Address): 2441 NORBERT	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000368

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY
DEPARTMENT OF E

REQUEST FOR

LF49343
Data Coding
41201745

- Sample Collection Instru
- FEE AMOUNTS ON THIS FOI 12/11/14 2:55 PM
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

- 0 - Single Family Dwelling
- (1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*

- (0) Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*

- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- (4) Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DON WOLFE	12/9/14	7:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*	System/Owner Name
0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	CITY OF FLINT
Collection Site (Street Address): 711 KENSINGTON AVE	Township (If known) / Section (If known)
City: FLINT County: GENESEE	ZIP Code: 48503 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES »		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000369

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI / 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WA… DEPARTMENT

REQUEST F…

LF49344
Data Coding
41201745
12/11/14 2:55 PM

12/12

- **Sample Collection In… …s form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City / State / ZIP Code	
FLINT / MI / 48505	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
BRIAN HAGGINS	12/4/14	8:00	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*	System/Owner Name
0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2015 GOLD AVE		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000370

1H 1462

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

LF49345
Data Coding
41201745
12/11/14 2:55 PM

- **Sample Collection Instr... rm**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810 - 787-6537 ext. 3512
City: FLINT	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
LOIS M. LEE	12/8/14	7:12	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address): 618 S. MEADE ST.	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000371

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WA… DEPARTMENT

REQUEST F…

LF49346
Data Coding
41201745
12/11/14 2:55 PM

12/12

- **Sample Collection I… s form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MARY COE RYAN	12/5/14	8:30	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
	CITY OF FLINT	
Collection Site (Street Address): 2802 WESTWOOD PKWY.	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000372

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH! checks payable to **State of Michigan** Check # Amt. Encl.	

DEQ DRINKING WATER L
DEPARTMENT OF E

REQUEST FOR

LF49347
Data Coding
41201745
12/11/14 2:55 PM

- **Sample Collection Instru** n
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? [✓] Yes [ ] No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DERRICK JONES	12/8/14	4:30	(AM) PM

[ ] Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
860 SCHAFER ST.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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CAS	36ME	Arsenic	$18.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000373

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING W… DEPARTMEN…

REQUEST

LF49348 Data Coding 41201745 12/11/14 2:55 PM

- **Sample Collectio…** …nis form
- FEE AMOUNTS ON THIS FORM ARE E… …010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) - Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
~~CITY~~ MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ROBERT AGUIRRE	12/5/14	5:15	~~AM~~ (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): 1021 S. FRANKLIN AVE	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000374

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER L
DEPARTMENT OF E

REQUEST FOR

LF49349
Data Coding
41201745
12/11/14 2:55 PM

- **Sample Collection Instruc** ...this form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One**
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
LYNNE HURAND	12/5/14	7:05	~~AM~~ PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
	CITY OF FLINT	
Collection Site (Street Address): 1616 DURAND	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): MAIN BATHROOM	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000375

LF49350
Data Coding
41201745
12/11/14 2:55 PM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505

DO NOT SEND CASH! checks payable to **State of Michigan**
Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FO

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number

Does sample contain chlorine? [✓] Yes [ ] No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
TONY EVERETT	12/7/14	7:00	AM

[ ] Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

[ ] Analyze my sample(s) even if received beyond the EPA specified hold time.

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
928 DURAND		
City: FLINT **County:** GENESEE	**ZIP Code:** 48503	**Well (If more than one) Number:**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known):**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000376

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT

REQUEST FO

LF49351
Data Coding
41201745
12/11/14 2:55 PM

orm

- **Sample Collection Ins**
- FEE AMOUNTS ON THIS ... EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ELIZABETH MURPHY	12/4/14	7:00	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2730 WESTWOOD PKWY		
City: FLINT **County:** GENESEE	**ZIP Code:** 48503	**Well (If more than one) Number**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known)**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000377

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220 0
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WATER L… DEPARTMENT OF E…

REQUEST FOR …

LF49352
Data Coding
41201745
12/11/14 2:55 PM

- **Sample Collection Instructions …**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City / State / ZIP Code	
FLINT / MI / 48505	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
JACKIE KOZLOWICZ	12/4/14	5:30	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name	
CITY OF FLINT	
Collection Site (Street Address)	Township (If known) / Section (If known)
1543 KEARSLEY PARK BLVD.	
City / County	ZIP Code / Well (If more than one) Number
FLINT / GENESEE	48506 /
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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CAS	36ME	Arsenic	$18.00	
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CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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INSTRUCTIONS:

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- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000378

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WATE… DEPARTMENT O…

REQUEST FO…

LF49353
Data Coding
41201745
12/11/14 2:55 PM

- **Sample Collection Ins… orm**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
JANICE HENRY	12/5/14	7:40	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2920 PARKSIDE DR.		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48503
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

T 12/12

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220
Mailing Address	
P.O. BOX 246	
City	**State** / **Zip**
FLINT	MI / 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING W… DEPARTMEN…

REQUEST

LF49354
Data Coding
41201745
12/11/14 2:55 PM

- **Sample Collection I… …this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	**Area Code & Phone number**
4500 N. DORT HWY	810-787-6537 ext. 3512
City	**State** / **ZIP Code**
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
D.J. TRELA	12/5/14	9:15	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2721 WESTWOOD PKWY		
City / **County**	**ZIP Code**	**Well (If more than one) Number**
FLINT / GENESEE	48503	
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (if known)**	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000380

LF49355
Data Coding
41201745
12/11/14 2:55 PM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995 2200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

- **Sample Collection Instructions** are on the [illegible] rm
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? [✓] Yes [ ] No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ANDREW EVERETT	12/4/14	3:00	AM (PM)

[ ] Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1002 BURNS ST.		
City: FLINT **County:** GENESEE	**ZIP Code:** 48503	**Well (If more than one) Number:**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known):**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000381

LF49356
Data Coding
41201745
12/11/14 2:55 PM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI 48505

DO NOT SEND CASH! checks payable to **State of Michigan**
Check # Amt. Encl.

DEQ DRINKING WATER LA
DEPARTMENT OF EN

REQUEST FOR W

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
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(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
JESSICA SANCHEZ	12/4/14	9:17	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2560 THOMAS ST.		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48504
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
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- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI / 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WATER L
DEPARTMENT OF E

REQUEST FOR

LF49357
Data Coding
41201745

12/11/14 2:55 PM

- **Sample Collection Instru**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ELIZABETH IRELAND-CURTIS	12/7/14	7:45	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
815 BRADLEY AVE		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48503
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
BATHROOM		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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CAS	36ME	Arsenic	$18.00	
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CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000383

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

LF49358
Data Coding
41201745

- **Sample Collection Instr** 12/11/14 2:55 PM m
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City / State / ZIP Code	
FLINT / MI / 48505	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ADRIAN JONES	12/8/14	8:15	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address)	Township (If known)	Section (If known)
4013 BROWNELL BLVD		
City / County	ZIP Code	Well (If more than one) Number
FLINT / GENESEE	48504	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000384

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

LF49359
Data Coding
41201745
12/11/14 2:55 PM

- **Sample Collection Instr** ...orm
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- (1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- (0) Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- (4) Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
KATHLEEN ADAMS	12/10/14	4:15	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): 2418 GOLD AVE.	Township (If known)	Section (If known)
City: FLINT	County: GENESEE	ZIP Code: 48503 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000385

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATE… DEPARTMENT O…

REQUEST FO…

LF49360
Data Coding
41201745
12/11/14 2:55 PM

- **Sample Collection Instruct… orm**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
HARRIET KENWORTHY	12/5/14	9:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
626 COMMONWEALTH AVE.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000386

LF49361
Data Coding
41201745
12/11/14 2:55 PM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER
DEPARTMENT OF

REQUEST FOR

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MICHAEL TAYLOR	12/9/14	4:40	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
920 STOCKER AVE		
City: FLINT **County:** GENESEE	**ZIP Code:** 48503	**Well (If more than one) Number:**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known):**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000387

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

LF49362
Data Coding
41201745
12/11/14 2:55 PM

- **Sample Collection Instr** ...rm
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ROBERT MACDONALD	12/9/14	9:00	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)-Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
430 WESTCOMBE AVE		
City	**County**	**ZIP Code** / **Well (if more than one) Number**
FLINT	GENESEE	48503
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
MAIN BATHROOM		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
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CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000388

LF49363
Data Coding
41201745
12/11/14 2:55 PM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER … DEPARTMENT OF …

REQUEST FO…

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
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(4) Treated Public Distribution System
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6 - Treated/Softened Private Well
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SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
TAMAR LEWIS	12/5/14	6:38	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1623 NEOME DR.		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48503
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
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CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000389

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995 2200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATE… DEPARTMENT O…

REQUEST FO…

LF49364
Data Coding
41201745
12/11/14 2:55 PM

- **Sample Collection In…** …form
- FEE AMOUNTS ON THIS FORM ARE … Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810 - 787-6537 ext 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One AM PM)
JEVENA RODRIGUEZ	12/8/14	10:00 ~~10:00~~

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3802 GOREY AVE		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48506	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000390

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WA… DEPARTMENT

REQUEST F…

LF49365
Data Coding
41201745
12/11/14 2:55 PM

- **Sample Collection I… …s form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
JOSHUA FREEMAN	12/4/14	6:58	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1720 DAVISON RD.		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48506 /
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
UTILITY ROOM		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000391

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** — Check # — Amt. Encl.

DEQ DRINKING WATER LABORATORY, LANSING
DEPARTMENT O

REQUEST FO

LF49366
Data Coding
41201745
12/11/14 2:55 PM

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- **Sample Collection Ins**
- FEE AMOUNTS ON THIS
- Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- (1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- (0) Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- (4) Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
TIM COLLARDEY	12/8/14	3:16	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel; 1- Water Supply Operator; 2- DEQ DW staff; (3)-Private Citizen; 4 - DEQ Staff other than DW; 6- MDA Staff; 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address): 2110 MOUNTAIN AVE	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000392

1 T 12/12

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WATER / DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST FORM

LF49367
Data Coding
41201745
12/11/14 2:55 PM

- **Sample Collection Instructions** on this form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
THOMAS HERTZ	12/3/14	8:30	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, (3)- Private Citizen, 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other)	System/Owner Name	
	CITY OF FLINT	
Collection Site (Street Address)	Township (If known)	Section (If known)
2006 CLEMENT ST.		
City / County	ZIP Code	Well (If more than one) Number
FLINT / GENESEE	48504	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
BATHROOM		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000393

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WATER L
DEPARTMENT OF E

REQUEST FOR

LF49368
Data Coding
41201745
12/11/14 2:55 PM

- **Sample Collection Instruc**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- (1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- (0) - Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- (4) Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
PAUL EVERETT	12/7/14	7:00	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2028 CORUNNA RD.		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48503
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
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CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000394

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G 99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WAT DEPARTMENT

REQUEST F(

LF50201
Data Coding
41202727

12/18/14 11:15 AM

form

- **Sample Collection In**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4-) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
CHRIS BAKAN	12/10/14	9:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3-) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2829 YALE ST.		
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000395

12/18/14

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WAT DEPARTMENT

REQUEST F

LF50202
Data Coding
41202727
12/18/14 11:15 AM

- **Sample Collection In** ; form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DAZARINE BURNETT	12/15/14	5:48	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
	CITY OF FLINT	
Collection Site (Street Address): 1914 W. HOME AVE	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): MAIN BATHROOM	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000396

1 of 12/19

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address	
P.O. BOX 246	
City	**State** / **Zip**
FLINT	MI / 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WA… DEPARTMENT

REQUEST F…

LF50203
Data Coding
41202727
12/18/14 11:15 AM

- **Sample Collection I…** …s form
- FEE AMOUNTS ON TH… …0. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	**Area Code & Phone number**
4500 N. DORT HWY	810-787-6537 ext. 3512
City	**State** / **ZIP Code**
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
DAVID FIELDER	12/15/14	7:00	(AM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2920 N. DEXTER ST.		
City / **County**	**ZIP Code**	**Well (If more than one) Number**
FLINT / GENESEE	48506	
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000397

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT

REQUEST

LF50204
Data Coding
41202727
12/18/14 11:15 AM

- **Sample Collection** ... s form
- FEE AMOUNTS ON TH ... 0.
  Fee amounts are subjec
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
DELORES KEITH	12/15/14	9:40	AM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2810 KELLAR AVE.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48504	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000398

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505

DO NOT SEND CASH! checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING W... DEPARTME...

REQUEST

LF50205
Data Coding
41202727
12/18/14 11:15 AM

- **Sample Collectio...** ...his form
- FEE AMOUNTS ON THIS FORM... 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City / State / ZIP Code	
FLINT / MI / 48505	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
JAMES L. MOTON	12/15/14	10:35a	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name	
CITY OF FLINT	
Collection Site (Street Address)	Township (If known) / Section (If known)
3245 MONTANA AVE.	
City / County	ZIP Code / Well (If more than one) Number
FLINT / GENESEE	48506 /
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
MAIN BATHROOM	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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CAS	36ME	Arsenic	$18.00	
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CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000399

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9952200
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WAT… DEPARTMENT …

REQUEST F…

LF50206
Data Coding
41202727
12/18/14 11:15 AM

- **Sample Collection Ir… form**
- FEE AMOUNTS ON THIS FORM ARE … Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
SUSAN SULLIVAN	12/15/14	6:55	(AM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*	System/Owner Name
0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3623 NORWOOD DR.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
MAIN BATHROOM	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000400

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI / 48505

DO NOT SEND CASH! checks payable to **State of Michigan** Check # Amt. Encl.

DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUE

LF50207
Data Coding
41202727
12/18/14 11:15 AM

- **Sample Collec** ...of this form
- FEE AMOUNTS ... 1, 2010.
  Fee amounts are
- PREPAYMENT OR DWL ACCOUNT NUMB... ...UIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City / State / ZIP Code	
FLINT / MI / 48505	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
CALIX MARTINEZ	12/8/14	5:45	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2801 REYNOLDS		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48503
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
MAIN BATHROOM		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI / 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING W... DEPARTME...

REQUEST...

LF50208
Data Coding
41202727
12/18/14 11:15 AM

- **Sample Collectio...** ...his form
- FEE AMOUNTS ON ... .010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City / State / ZIP Code	
FLINT / MI / 48505	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ERIC BOW	12/10/14	7:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3510 BRANDON ST.		
City / **County**	**ZIP Code**	**Well (If more than one) Number**
FLINT / GENESEE	48503	
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000402

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952260
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** — Check # — Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING** DEPARTMENT

REQUEST

LF50209
Data Coding
41202727
12/18/14 11:15 AM

- **Sample Collection** s form
- FEE AMOUNTS ON TH 0.
  Fee amounts are subje
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
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6 - Treated/Softened Private Well
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9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
CHIMENE HILL	12/11/14	1:30	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)-Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2117 STANFORD AVE.		
City: FLINT / **County**: GENESEE	**ZIP Code**: 48503	**Well (If more than one) Number**
Sampling Point (kitchen, bath, etc.): MAIN BATHROOM	**Site Code or Permit Number** (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUES

LF50210
Data Coding
41202727
12/18/14 11:15 AM

- **Sample Collecti** f this form
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  Fee amounts are s
- PREPAYMENT OR DWL ACCOUN RED FOR TESTING

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Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
F. L. GREEN	12/12/14	11:37	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, (3- Private Citizen), 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other)	System/Owner Name
	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
5806 LESLIE DR		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48504	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000404

1 12/19

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTM ENVIRONMENTAL QUALITY

LF50211
Data Coding
41202727
12/18/14 11:15 AM

REQUE

- **Sample Collec** of this form
- FEE AMOUNTS Fee amounts are 1, 2010.
- PREPAYMENT OR DWL ACCOUNT NUMBER ...UIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
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SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 Ext. 3512
City	State / ZIP Code
FLINT	MI 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
SHIRLEY JEAN WILLIAMS	12/11/14	6:20	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1809 W. HOME AVE		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48504
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000405

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WAT… DEPARTMENT …LABORATORY, LANSING

REQUEST F…

LF50212
Data Coding
41202727
12/18/14 11:15 AM

- **Sample Collection I…** form
- FEE AMOUNTS ON TH…).
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
JAMEY L. SMITH	12/12/14	6:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
	CITY OF FLINT	
Collection Site (Street Address)	Township (If known)	Section (If known)
1414 STONE ST		
City / County	ZIP Code	Well (If more than one) Number
FLINT / GENESEE	48503	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
MAIN BATHROOM		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000406

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WATER L
DEPARTMENT OF E

REQUEST FOR

LF50721
Data Coding
41203254
12/23/14 1:34 PM

- **Sample Collection Instru**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
NORMAN GRAHAM	12/16/14	7:30	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2006 AITKEN AVE.		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48503
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000407

1/12/15

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

LF50722
Data Coding
41203254
12/23/14 1:34 PM

- **Sample Collection Instr** ...rm
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
KATHY MCGAUGHY	12/17/14	8:11	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, (3)- Private Citizen, 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other)	System/Owner Name
	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3131 WOLCOTT		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48504	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
MAIN BATHROOM	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000408

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

LF50723
Data Coding
41203254
12/23/14 1:34 PM

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? [✓] Yes [ ] No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
JOANN CUSIC	12/17/14	6:15	(AM) PM

[ ] Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
983 GAINEY AVE.		
City: FLINT	**County:** GENESEE	**ZIP Code:** 48503 — **Well (If more than one) Number:**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known):**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000409

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G 999952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** — Check # — Amt. Encl.

DEQ DRINKING W… DEPARTMEN…

REQUEST

LF50724
Data Coding
41203254
12/23/14 1:34 PM

- **Sample Collectior** … **his form**
- FEE AMOUNTS ON T… …010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ARIEL SANTZLER	12/18/14	6:30	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel; 1- Water Supply Operator; 2- DEQ DW staff; (3)- Private Citizen; 4 - DEQ Staff other than DW; 6- MDA Staff; 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address): 2806 NORBERT ST.	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000410

LF50725
Data Coding
41203254
12/23/14 1:34 PM

11/16

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505

DO NOT SEND CASH! checks payable to **State of Michigan**
Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF E

REQUEST FOR

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- (1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- (0) Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- (4) Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MICHAEL S. REITER	12/15/14	5:30	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
912 CRAWFORD ST.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48507	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000411

LF50726
Data Coding
41203254
12/23/14 1:34 PM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER
DEPARTMENT OF E

REQUEST FOR

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
BETTY WESLEY	12/16/14	9:30	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
4034 STERLING		
City	**County**	**ZIP Code**	**Well (If more than one) Number**
FLINT	GENESEE	48504	
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000412

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WATER L
DEPARTMENT OF E

REQUEST FOR

LF50727
Data Coding
41203254
12/23/14 1:34 PM

- **Sample Collection Instruc**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected
SHERRI TOLBERT	12/16/14	6:45 (AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address)	Township (If known)	Section (If known)
3737 WORCHESTER DR.		
City / County	ZIP Code	Well (If more than one) Number
FLINT / GENESEE	48503	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000413

LF50728
Data Coding
41203254
12/23/14 1:34 PM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220 0
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext 3512
City	State / ZIP Code
FLINT	MI 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
JOHN E. ROSE	12/16/14	5:00	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1100 STOCKTON ST		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48503
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000414

TP46

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

LF50729
Data Coding
41203254
12/23/14 1:34 PM

- **Sample Collection Instru**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
MICHELE IGRAM	12/21/14	6:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address)	Township (If known)	Section (If known)
1725 LINCOLN AVE		
City / County	ZIP Code	Well (If more than one) Number
FLINT / GENESEE	48503	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000415

LF50730
Data Coding
41203254
12/23/14 1:34 PM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI / 48505

DO NOT SEND CASH! checks payable to **State of Michigan**
Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF
REQUEST FOR

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City / State / ZIP Code	
FLINT / MI / 48505	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
TIM ABRAHAM	12/16	6:10	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address)	Township (If known)	Section (If known)
3139 COLORADO		
City / County	ZIP Code	Well (If more than one) Number
FLINT / GENESEE	48506	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000416

LF50731
Data Coding
41203254
12/23/14 1:34 PM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
LUCY LAFRENIERE	12/20/14	8:30	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, (3- Private Citizen), 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other)	System/Owner Name
	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1401 GAINEY AVE		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000417

11/4/16

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT

REQUEST F

LF50732
Data Coding
41203254
12/23/14 1:34 PM

- **Sample Collection li** ; form
- FEE AMOUNTS ON TH).
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- (1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- (0) Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- (4) Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
SUSAN HARASTY	12/19/14	9:30	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name	
CITY OF FLINT	
Collection Site (Street Address)	Township (If known) / Section (If known)
2730 COVENTRY CT.	
City / County	ZIP Code / Well (If more than one) Number
FLINT / GENESEE	48503 /
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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INSTRUCTIONS:
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000418

1/12/16

LF50733
Data Coding
41203254
12/23/14 1:34 PM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATE… DEPARTMENT O…

REQUEST FO… form

- **Sample Collection Instruct…**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- (1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- (0) Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- (4) Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
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- 9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MAURICCI GUYNN	12/19/14	9:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
709 FROST ST.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48504	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
MAIN BATHROOM	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
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CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000419

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WATER
DEPARTMENT OF

REQUEST FOR

LF50734
Data Coding
41203254
12/23/14 1:34 PM

- **Sample Collection Instru**
- FEE AMOUNTS ON THIS FO... EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
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SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City / State / ZIP Code	
FLINT / MI / 48505	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ANDREW ARMSTRONG	12/26/14	7:08	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address)	Township (If known)	Section (If known)
2307 RADCLIFFE		
City / County	ZIP Code	Well (If more than one) Number
FLINT / GENESEE	48503	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
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CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000420

LF50735
Data Coding
41203254
12/23/14 1:34 PM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952260
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING W/ DEPARTMEN
REQUEST

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- (1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- (0) Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- (4) Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
S.J. DAVIDEK	12/15/14	6:45	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
224 E. COURT ST. APT. 508		
City: FLINT **County:** GENESEE	**ZIP Code:** 48502	**Well (If more than one) Number:**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known):**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000421

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220C
Mailing Address	
P.O. BOX 246	
City	**State** / **Zip**
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER
DEPARTMENT OF E

REQUEST FOR

LF50736
Data Coding
41203254
12/23/14 1:34 PM

- **Sample Collection Instru**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. [illegible]. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	**Area Code & Phone number**
4500 N. DORT HWY	810-787-6537 EXT. 3512
City	**State** / **ZIP Code**
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
JACQUELINE WATKINS	12/13/14	8:57	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3440 RANGELEY		
City / **County**	**ZIP Code**	**Well (If more than one) Number**
FLINT / GENESEE	48503	
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000422

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH! checks payable to **State of Michigan** Check # Amt. Encl.	

DEQ DRINKING WAT DEPARTMENT

REQUEST F

LF50737
Data Coding
41203254
12/23/14 1:34 PM

- **Sample Collection In** form
- FEE AMOUNTS ON THIS [illegible]. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- (1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- (0) Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- (4) Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
COY BRIDGES	12/16/14	8:00	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, (3- Private Citizen), 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other)	System/Owner Name
	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3808 BROWNELL BLVD.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48504	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000423

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** — Check # — Amt. Encl.

DEQ DRINKING WATER L
DEPARTMENT OF E

REQUEST FOR

LF50738
Data Coding
41203254
12/23/14 1:34 PM

- **Sample Collection Instructions**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 20[illegible]. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
FRANCES HOLMES	12/19/14	6:15	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, (3) Private Citizen, 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other

System/Owner Name	
CITY OF FLINT	
Collection Site (Street Address): 1006 KENSINGTON	Township (If known) / Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
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NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000424

LF50824
Data Coding
41203385
12/29/14 10:28 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505

DO NOT SEND CASH! checks payable to **State of Michigan**
Check # Amt. Encl.

DEQ DRINKING WATE
DEPARTMENT C

REQUEST FO

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? [✓] Yes [ ] No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
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6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City / State / ZIP Code	
FLINT / MI / 48505	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
RUSS BEDFORD	12/18/14	5:30	(AM) PM

[ ] Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

[ ] Analyze my sample(s) even if received beyond the EPA specified hold time.

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address)	Township (If known)	Section (If known)
2517 DELAWARE AVE.		
City / County	ZIP Code	Well (If more than one) Number
FLINT / GENESEE	48506	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
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CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000425

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LA
DEPARTMENT OF EN

REQUEST FOR W

LF50825
Data Coding
41203385
12/29/14 10:28 AM

- **Sample Collection Instruct**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MR. & MRS. VERNON	12/21/14	6:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1810 W. HOBSON AVE.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48504	

Sampling Point (kitchen, bath, etc.): MAIN BATHROOM

Site Code or Permit Number (If known):

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000426

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** — Check # — Amt. Encl.

DEQ DRINKING WATER L… DEPARTMENT OF E…

REQUEST FOR …

LF50826
Data Coding
41203385
12/29/14 10:28 AM

- **Sample Collection Instruc…**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 Ext. 3512
City: FLINT	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
SHIRLEY HILL	12/21/14	7:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel; 1- Water Supply Operator; 2- DEQ DW staff; (3)- Private Citizen; 4 - DEQ Staff other than DW; 6- MDA Staff; 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
5805 LESLIE DR		
City: FLINT / **County:** GENESEE	**ZIP Code:** 48504	**Well (If more than one) Number:**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known):**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000427

LF50827
Data Coding
41203385
12/29/14 10:28 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LA
DEPARTMENT OF EN

REQUEST FOR W

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
CHERYL CHISTOFF	12/22/14	6:25	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1721 CHELSEA CIRCLE		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48503
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000428

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	699952200
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER / DEPARTMENT OF E

REQUEST FOR

LF50828
Data Coding
41203385
12/29/14 10:28 AM

- **Sample Collection Instru**
- FEE AMOUNTS ON THIS FOR[illegible] EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810 - 787 - 6537 ext. 3512
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
PAMELA GALE	12/23/14	6:25 a	~~AM~~ PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*	System/Owner Name
0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
912 WALDMAN AVE		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48507	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000429

12/24

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABO
DEPARTMENT OF ENVI

REQUEST FOR WA

LF50829
Data Coding
41203385
12/29/14 10:28 AM

- **Sample Collection Instructio**
- FEE AMOUNTS ON THIS FORM
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- (1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- (0) Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- (4) Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
CONSTANCE L. ST. GERMAIN	12/24/14	6:45	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel; 1- Water Supply Operator; 2- DEQ DW staff; (3)- Private Citizen; 4 - DEQ Staff other than DW; 6- MDA Staff; 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address)	Township (If known)	Section (If known)
3082 LANNING DR.		
City / County	ZIP Code	Well (If more than one) Number
FLINT / GENESEE	48506	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
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- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000430

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995 2200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LA
DEPARTMENT OF EN

REQUEST FOR

LF50830
Data Coding
41203385
12/29/14 10:28 AM 1

- **Sample Collection Instruc**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 20[illegible] Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MARY SEVERN	12/26/14	8:15	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address): 2515 CHICAGO BLVD.	Township (If known)	Section (If known)
City: FLINT	County: GENESEE	ZIP Code: 48503
Well (If more than one) Number		
Sampling Point (kitchen, bath, etc.): MAIN BATHROOM	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000431

12/29/14

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

LF50831
Data Coding
41203385

12/29/14 10:28 AM rm

- **Sample Collection Instr**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DANA V. STAF	12/26/14	9:30	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, (3)- Private Citizen, 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
742 LINCOLN AVE		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48507	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000432

LF50928
Data Coding
41203521
12/30/14 10:43 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER L
DEPARTMENT OF E

REQUEST FOR

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MAR 2 '20

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810 - 787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ANTHONY EVERETT	12/27/14	7:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, (3- Private Citizen), 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other

System/Owner Name	
CITY OF FLINT	
Collection Site (Street Address): 1805 RAMSAY BLVD.	Township (If known) / Section (If known)
City: FLINT; County: GENESEE	ZIP Code: 48503; Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000433

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

LF50929
Data Coding
41203521
12/30/14 10:43 AM

- **Sample Collection Instru[illegible]rm**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MM 12/30

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One**
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
CAROL B. CRAWFORD	12/20/14	7:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1910 RAMSAY BLVD.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
MAIN BATHROOM	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000434

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

LF51179
Data Coding
00100224
01/06/1 11:03 AM

- **Sample Collection Instructions** ... m
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

M1/7

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MELISSA BECKELIC	12/29/14	3:12	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, (3)- Private Citizen, 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other)	System/Owner Name	
	CITY OF FLINT	
Collection Site (Street Address)	Township (If known)	Section (If known)
3009 MONTANA AVE,		
City / County	ZIP Code	Well (If more than one) Number
FLINT / GENESEE	48506	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000435

LF5118.0
Data Coding
50100224
6/06/15 11:03 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LAB
DEPARTMENT OF ENV

REQUEST FOR W

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- (1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- (0) Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- (4) Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
JOSH DEMOTT	12/30/14	8:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1223 CAMPBELL ST		
City: FLINT	**County**: GENESEE	**ZIP Code**: 48507 — **Well (If more than one) Number**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known)**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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INSTRUCTIONS:
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- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000436

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FO

LF51181
Data Coding
50100224
01/06/15 11:03 AM

- **Sample Collection Instructions** ... orm
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MA 1/7

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
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SAMPLE POINT - *Circle One*

1- Public System Well
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Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 Ext. 3512
City	State / ZIP Code
FLINT	MI 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
THOMAS R. KERBEY	12/27/14	9:00	(AM) PM

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
	CITY OF FLINT	
Collection Site (Street Address)	Township (If known)	Section (If known)
3821 DELAWARE		
City / County	ZIP Code	Well (If more than one) Number
FLINT / GENESEE	48506	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
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CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FO

LF51182
Data Coding
50100224
01/06/15 11:03 AM

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- **Sample Collection Inst**
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- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MH 15

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
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5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

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SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
KIRWIN KINNEE	12/29/14	5:42	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1651 WOODWAWN PARK		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
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CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

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000438

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATE
DEPARTMENT O

REQUEST FC

LF51183
Data Cod ng
50100224
01/06/15 :1:03 AM

- **Sample Collection Ins** form
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WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
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Name	E-mail address
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Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DAWN WILLIAMS	12/30/14	8:10	(AM) PM

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System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address)	Township (If known)	Section (If known)
1911 CORY ST.		
City / County	ZIP Code	Well (If more than one) Number
FLINT / GENESEE	48506	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

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TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000439

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT O

REQUEST FO

LF: 1184
Data Coding
50100224
01/06/15 11:[illegible] AM

- **Sample Collection Instructions are on ... form**
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WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
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Name	E-mail address
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Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
SUZANNE EREMIA	12/30/14	9:15	AM PM

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	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3507 DEARBORN AVE		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48507	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
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TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000440

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FO

LF51185
Data Coding
0100224
01/06/1 11:03 AM

- **Sample Collection Instr** ...rm
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MT 117

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
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(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City / State / ZIP Code	
FLINT / MI / 48505	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ADREAN ELIOT	12/29/14	3:00	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3829 IVANHOE AVE		
City / **County**	**ZIP Code**	**Well (If more than one) Number**
FLINT / GENESEE	48506	
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000441

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WA DEPARTMENT

REQUEST

LF51186
Data Coding
50100224
0. 06/15 11:03 AM

- **Sample Collection Inst... is form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE ...10. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MA 1/7

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
SAMUEL ANCIRA	12/30/14	7:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, (3) Private Citizen, 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1559 CHEVROLET AVE.		
City: FLINT / **County**: GENESEE	**ZIP Code**: 48504	**Well (If more than one) Number**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known)**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000442

LF54663
Data Coding
50201285
02/17/15 10:47 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
Check#, if applicable (pay to **State of Michigan**)	Amount enclosed

DEQ DRINKING WATER LABOR
DEPARTMENT OF ENVIRO

REQUEST FOR WAT

- **FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010.** Fee amounts are subject to annual changes.
- Sample Collection Instructions are on the back of this form
- **PREPAYMENT OR *APPROVED* DWL CREDIT ACCOUNT NUMBER IS REQUIRED FOR TESTING.**

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	**DO NOT SEND CASH!**
2310	☑ Yes ☐ No	

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
(1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
CHRIS BEATENHEAD	2/15/15	6:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel (1) - Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2205 FLUSHING RD		
City: FLINT	County: GENESEE	ZIP Code: 48504
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	Well (If more than one) Number

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) *30 hour hold time*	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron*	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (09/2013)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000443

LF54945
Data Coding
50201563
02/19/15 11:13 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FO

- **Sample Collection Instructions are ... orm**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? [✓] Yes [ ] No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- (1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- (0) Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- (4) Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
LEANNE WALTERS	2/18/15	7:15	(AM) PM

[ ] Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

[ ] Analyze my sample(s) even if received beyond the EPA specified hold time.

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
212 BROWNING ~~ST.~~ AVE.		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48507
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000444

LF54946
Data Coding
50201563
02/19/15 11:13 AM

7H 2/19

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI / 48505
Check#, if applicable (pay to **State of Michigan**)	Amount enclosed

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FO

- **FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010.** Fee amounts are subject to annual changes.
- Sample Collection Instructions are on the back of this form
- **PREPAYMENT OR *APPROVED* DWL CREDIT ACCOUNT NUMBER IS REQUIRED FOR TESTING.**

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	**DO NOT SEND CASH!**
2310	☑ Yes ☐ No	

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
(1) TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MIKE TAYLOR	2/10/15	6:30	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1809 STEVENSON ST.		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48504
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number** (If known)	
KITCHEN SINK		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Water Coliforms (Bacteriology) *30 hour hold time*	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron*	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
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- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) 12/2011

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000445

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Stewart Sutherland	C0009264
Mailing Address	
P.O. Box 162	
City	State / Zip
Vicksburg	MI 49097
Check#, if applicable (pay to **State of Michigan**)	Amount enclosed

DRINKING WATER LA
DEPARTMENT OF EN

DEQ **REQUEST FO**

LF56623
Data Coding
50300980
03/11/15 11:07 AM

- **FEE AMOUNTS ON THIS FO**
  Fee amounts are subject to annual changes.
- Sample Collection Instructions are on the back of this form
- **PREPAYMENT OR *APPROVED* DWL CREDIT ACCOUNT NUMBER IS REQUIRED FOR TESTING.**

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	**DO NOT SEND CASH!**
2016539	☐ Yes ☒ No	

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
(2) - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
(5) - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Stewart Sutherland	CARROll@SSBAGS.com
Mailing Address	Area Code & Phone number
P.O. Box 162	269-649-0530
City	State / ZIP Code
Vicksburg	MI 49097

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
IRENE CARROll	3-10-15	9:45	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☒ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel (1- Water Supply Operator) 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
Stewart Sutherland		
Collection Site (Street Address)	Township (If known)	Section (If known)
5411 East V Ave.	Brady	
City / County	ZIP Code	Well (If more than one) Number
Vicksburg / Kalamazoo	49097	#2
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
INSIDE SPICKET		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Water Coliforms (Bacteriology) *30 hour hold time*	$16.00	✓
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron*	$18.00	✓
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
[redacted]				
CCUB	36VO	Volatile Organic Compounds	$100.00	

TEST CODE	REQUIRED UNIT #	SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)	FEE	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
TOTAL OF ALL FEES ▸▸		

EQP 2300 (Front) 11/2011

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000446

CTY 3/9

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995 2200
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WATER I
DEPARTMENT OF E

REQUEST FOR

LF56224
Data Coding
50300563

03/06/15 11:33 AM

- **Sample Collection Instr**
- FEE AMOUNTS ON THIS FO[illegible]
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected
LEEANNE WALTERS	3/3/15	6:00 (Circle One: AM / PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name	
CITY OF FLINT	
Collection Site (Street Address)	Township (If known) / Section (If known)
212 BROWNING AVE.	
City / County	ZIP Code / Well (If more than one) Number
FLINT / GENESEE	48507 /
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000447

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER L
DEPARTMENT OF E

REQUEST FOR

LF56225
Data Coding
5030563
03/06/15 11:33 AM

- **Sample Collection Instru**
- FEE AMOUNTS ON THIS FOR[illegible] EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MARK CROMWELL SR.	3/2/15	9:30	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
401 E. NEWALL ST.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48505	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000448

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY, LANSING
DEPARTMENT

REQUEST F

LF56226
Data Codir g
5030056?
03/06/15 1:33 AM

- **Sample Collection In** form
- FEE AMOUNTS ON THIS Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
KEVIN & JENNIFER STARNES	3/2/15	6:30	(AM) PM

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
215 BROWNING AVE		
City: FLINT **County:** GENESEE	**ZIP Code:** 48507	**Well (If more than one) Number:**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number** (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000449

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** — Check # — Amt. Encl.

DEQ DRINKING WATER LAB
DEPARTMENT OF ENV

REQUEST FOR W

LF56227
Data Coding
50300563

03/06/15 11:33 P

- **Sample Collection Instruct**
- FEE AMOUNTS ON THIS FORM ARE [illegible] Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? [✓] Yes [ ] No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One AM / PM)
JENNIFER PEDERSON	2/27/15	10:00

[ ] Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

[ ] Analyze my sample(s) even if received beyond the EPA specified hold time.

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
~~2615 TRUM~~ 2615 TRUMBULL AVE.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48504	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000450

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT

REQUEST F

LF56228
Data Coding
50300563
03/06/15 11:33 AM

- **Sample Collection I** form
- FEE AMOUNTS ON THI , 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One AM / PM)
FLOYD BELL	3/5/15	9:30 (AM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code (Circle One): 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (5) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): 201 BROWNING AVE.	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48507	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000451

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING W DEPARTMEN

REQUEST

LF57728
Data Coding
50302267

- **Sample Collection** 03/24/15 11:05 AM is form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? [✓] Yes [ ] No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
LOU ANNE MAHS	3/17/15	6:00	(AM) PM

[ ] Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

[ ] Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1224 DECKER ST.		
City: FLINT **County:** GENESEE	**ZIP Code:** 48503	**Well (If more than one) Number:**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known):**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address	
P.O. Box 246	
City	**State** / **Zip**
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** — Check # — Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST FOR

LF57729
Data Coding
50302267
03/24/15 11:05 AM

- **Sample Collection Inst**
- FEE AMOUNTS ON THIS F
  Fee amounts are subject to
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

rm

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	**Area Code & Phone number**
4500 N. DORT HWY	810-787-6537 ext. 3512
City	**State** / **ZIP Code**
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MIKE GLASGOW	3/18/15	11:10	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel (1) Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
212 BROWNING AVE		
City / **County**	**ZIP Code**	**Well (If more than one) Number**
FLINT / GENESEE	48507	
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000453

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** — Check # — Amt. Encl.

DEQ DRINKING WATER L… DEPARTMENT OF E…

REQUEST FOR

LF57730 Data Coding 50302267 03/24/15 11:05 AM

- **Sample Collection Instru…**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. …
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
CARMEN PULIDO	3/17/15	6:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)-Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1220 BECKER ST		
City: FLINT / **County:** GENESEE	**ZIP Code:** 48503	**Well (If more than one) Number:**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known):**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000454

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** — Check # — Amt. Encl.

DEQ DRINKING W… DEPARTMEN…

REQUEST

LF57731
Data Coding
50302267
03/24/15 11:05 AM

- **Sample Collection** … s form
- FEE AMOUNTS ON TH… EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ROXANNE PUTMAN	3/19/15	8:30	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

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Collector Code *Circle One*: 0 - County Personnel; 1- Water Supply Operator; 2- DEQ DW staff; (3)- Private Citizen; 4 - DEQ Staff other than DW; 6- MDA Staff; 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1379 WASHINGTON		
City: FLINT / **County:** GENESEE	**ZIP Code:** 48503	**Well (If more than one) Number:**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known):**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
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NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000455

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WAT... DEPARTMENT ...LABORATORY - LANSING

REQUEST F...

LF57732
Data Coding
50302267
03/24/15 11:05 AM

- **Sample Collection** ... s form
- FEE AMOUNTS ON TH... 10.
  Fee amounts are subject to annual change
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810 - 787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ANTHONY PALLARENO	3/9/15	8:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel; 1- Water Supply Operator; 2- DEQ DW staff; (3)- Private Citizen; 4 - DEQ Staff other than DW; 6- MDA Staff; 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address)	Township (If known)	Section (If known)
1383 WASHINGTON AVE		
City / County	ZIP Code	Well (if more than one) Number
FLINT / GENESEE	48503	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
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NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000456

T3/L

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WATER L
DEPARTMENT OF E

REQUEST FOR

LF57733
Data Coding
50302267
03/24/15 11:05 AM

- **Sample Collection Instru**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ANTHONY PALLADINO JR.	3/19/15	8:00	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, (3)- Private Citizen, 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other)	System/Owner Name	
	CITY OF FLINT	
Collection Site (Street Address)	Township (If known)	Section (If known)
1372 WASHINGTON AVE		
City / County	ZIP Code	Well (If more than one) Number
FLINT / GENESEE	48503	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000457

TH 3/25

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING … DEPARTM… LABORATORY, LANSING

REQUES…

LF57734
Data Coding
50302267
03/24/15 11:05 AM

- **Sample Collectio…** this form
- FEE AMOUNTS ON… 2010.
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ANTHONY KYLE PALLADINO III	3/19/15	8:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1383 WASHINGTON AVE		
City: FLINT	**County**: GENESEE	**ZIP Code**: ~~48505~~ 48503 — **Well (If more than one) Number**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number** (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000458

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WA… DEPARTMEN… LANSING

REQUEST …

LF57735
Data Coding
50302267
03/24/15 11:05 AM

- **Sample Collection** … s form
- FEE AMOUNTS ON TH… 10.
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City / State / ZIP Code	
FLINT / MI / 48505	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
LEAH PALLADENO	3/17/15	6:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, (3)- Private Citizen, 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other)	System/Owner Name	
	CITY OF FLINT	
Collection Site (Street Address)	Township (If known)	Section (If known)
1367 WASHINGTON AVE		
City / County	ZIP Code	Well (If more than one) Number
FLINT / GENESEE	48503	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
MAIN BATHROOM		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000459

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 2446	
City: FLINT	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** — Check # — Amt. Encl.

DEQ DRINKING WAT… DEPARTMENT

REQUEST F…

LF57736
Data Coding
50302267
03/24/15 11:05 AM

- **Sample Collection In…** form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
CHARMA DOMPREH	3/14/15	9:40	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel; 1- Water Supply Operator; 2- DEQ DW staff; (3) Private Citizen; 4 - DEQ Staff other than DW; 6- MDA Staff; 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address): 1701 MARQUETTE DR	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48501	Well (if more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000460

4/1/15 DVJ

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY DEPARTMENT

REQUEST F

LF58413
Data Coding
50303022
03/31/15 11:11 AM

- **Sample Collection In** form
- FEE AMOUNTS ON THIS
Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

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SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
SANDRA HULL	3/24/15	6:25	AM (PM)

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System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
778 E. BUNDY AVE NOT SENDERS		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48505
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
MAIN BATHROOM		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
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TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000461

4/1/15 DLS

LF58414
Data Coding
50303022
03/31/15 11:11 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER
DEPARTMENT OF

REQUEST FO

- **Sample Collection Inst** ...rm
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 20[illegible]. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- (1) - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- (0) Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- (4) Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MELISSA MAYS	3/24/15	6:30	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, (3- Private Citizen), 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other)	System/Owner Name
	CITY OF FLINT
Collection Site (Street Address): 3714 BEECHER RD.	Township (If known) / Section (If known)
City: FLINT; County: GENESEE	ZIP Code: 48503 (RLD); Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

LF59748
Data Coding
50401353
04/14/15 11:07 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48503
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WA… DEPARTMENT

REQUEST F…

- **Sample Collection In… …s form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
LEEANNE WALTERS	4/2/15	8:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
212 BROWNING AVE		
City: FLINT	County: GENESEE	ZIP Code: 48507
Sampling Point (kitchen, bath, etc.): PRE · P.O.S. FILTER	Site Code or Permit Number (If known)	Well (If more than one) Number

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000463

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WA DEPARTMENT

REQUEST F

LF59749
Data Coding
50401353
04/14/15 11:07 AM

- **Sample Collection Ir** form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
JAMES D. JARVIS	4/9/15	7:00	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, (3)- Private Citizen, 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1016 INGLESIDE AVE		
City: FLINT **County:** GENESEE	**ZIP Code:** 48507	**Well (If more than one) Number**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known)**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000464

4/15

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LA
DEPARTMENT OF EN

REQUEST FOR V

LF59750
Data Coding
50401353
04/14/15 11:07 AM

- **Sample Collection Instruc**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
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7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
HELEN HUNTER	4/6/15	6:50	(AM) PM

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name	
CITY OF FLINT	
Collection Site (Street Address): 1818 ROCK CREEK LN.	Township (If known) / Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48507 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): MAIN BATHROOM	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
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CXVO	36VO	Volatile Organic Compounds	$100.00	
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TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000465

LF59751
Data Coding
50401353
04/14/15 11:07 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATE
DEPARTMENT O

REQUEST FO

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) - Single Family Dwelling
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(0) Routine Monitoring
1 - Real Estate Transaction
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5 - Water Quality Problem
9 - Other

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SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
GERTRUDE MARSHALL	4/3/15	8:50	(AM) PM

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name	
CITY OF FLINT	
Collection Site (Street Address): 3010 CHEYENNE ST.	Township (If known) / Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48507 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000466

LF60546
Data Coding
50402246
04/21/15 10:41 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O Box 246	
City	State / Zip
FLINT	MI / 48505

DO NOT SEND CASH! checks payable to **State of Michigan**
Check # Amt. Encl.

DEQ DRINKING WATER LAI
DEPARTMENT OF EN

REQUEST FOR W

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537 ext. 3512
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MARIBETH PEREZ	4/15/15	12:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2606 MOUNTAIN AVE		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48503
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000467

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995 2200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING … DEPARTME…

REQUEST

LF61845
Data Coding
50500157
05/04/15 10:21 AM

- **Sample Collectio…** …his form
- FEE AMOUNTS ON … …2010.
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MT 5/5

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
TRACY + MIKE SARGENT	4/24/15	7:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2020 CROOKED LN.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000468

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995 2200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** — Check # — Amt. Encl.

DEQ DRINKING WA… DEPARTMENT…

REQUEST F…

LF61846
Data Coding
50500157
05/04/15 10:21 AM

- **Sample Collection I…** …s form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MA 5/5

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
HUSTON BOLDEN	4/22/15	7:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*	System/Owner Name
0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
310 E. MOORE ST.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48505	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FO

LF63410
Data Coding
50501666

05/13/15 11:26 AM

- **Sample Collection Inst** ...rm
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2015. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MAY 5 '15

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
JANICE BERRYMAN	5/6/15	7:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
631 ALVORD AVE.		
City: FLINT **County:** GENESEE	**ZIP Code:** 48507	**Well (If more than one) Number:**
Sampling Point (kitchen, bath, etc.): MAIN BATHROOM	**Site Code or Permit Number** (If known):	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000470

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER / DEPARTMENT OF E

REQUEST FOR

LF63411
Data Coding
50501666
05/13/15 11:26 AM m

- **Sample Collection Instr**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 20[illegible]. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MAY 14

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537 ext. 3512
City: FLINT	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DEB	5/7/15	8:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
216 BROWNING AVE.		
City: FLINT / **County:** GENESEE	**ZIP Code:** 48507	**Well (If more than one) Number:**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known):**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000471

LF64282
Data Coding
50502579
05/20/15 11:24 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATE
DEPARTMENT O

REQUEST FO

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MAS DI

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
(3) - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MIKE GLASGOW	5/15/15	1:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel (1) Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
625 S. GRAND TRAVERSE		
City: FLINT / County: GENESEE	ZIP Code: 48502	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): BATHROOM	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMENT OF EN

REQUEST FOR

LF64283
Data Coding
50502579

- **Sample Collection Instruc**
- FEE AMOUNTS ON THIS FOR 05/20/15 11:24 AM
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MAS21

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537
City / State / ZIP Code	
FLINT / MI / 48505	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MELISSA MAYS	5/14/15	6:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address)	Township (If known)	Section (If known)
3714 BEECHER RD.		
City / County	ZIP Code	Well (If more than one) Number
FLINT / GENESEE	48503	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
MAIN BATHROOM		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000473

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABO
DEPARTMENT OF ENVIR

REQUEST FOR WA

LF64284
Data Coding
50502579
05/20/15 11:24 AM

- **Sample Collection Instructior**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MH921

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
(3) TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MIKE SARGENT	5/18/15	8:30	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
	CITY OF FLINT
Collection Site (Street Address): 625 S. GRAND TRAVERSE ST.	Township (If known) / Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48502 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): UTILITY SINK	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

LF64285
Data Coding
50502579
05/20/15 11:24 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LAB
DEPARTMENT OF ENV

REQUEST FOR W

- **Sample Collection Instructions are on the back of this form.**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MA3/21

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
LAURA HATT	5/15/15	9:00	(AM) PM

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
912 LEXINGTON AVE		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48507	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
MAIN BATHROOM	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000475

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING DEPARTM

REQUES

LF67423
Data Coding
50601850

06/11/15 10:51 AM

- Sample Collecti… this form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
CASSANDRA BROWN	5/31/15	8:15	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
344 ROBBIE LN.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48505	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
BATHROOM	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
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CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES »		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000476

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99252200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** — Check # — Amt. Encl.

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMENT OF

REQUEST FO LF67424 Data Coding 50601850 06/11/15 10:51 AM orm

- **Sample Collection Ins**
- FEE AMOUNTS ON THIS
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
FRANK EVANS	5/31/15	8:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel; 1- Water Supply Operator; 2- DEQ DW staff; (3) Private Citizen; 4 - DEQ Staff other than DW; 6- MDA Staff; 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
357 ROBBIE LN.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48505	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000477

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

LF67425
Data Coding
50601850

REQUEST FO ... **orm**

06/11/15 10:51 AM

- **Sample Collection Ins**
- FEE AMOUNTS ON THIS FORM ARE ... Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537
City / State / ZIP Code	
FLINT / MI / 48505	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
WILLIE TURNER	5/30/15	6:00	(PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
328 ROBBIE LN.		
City / **County**	**ZIP Code**	**Well (If more than one) Number**
FLINT / GENESEE	48505	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000478

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WA… DEPARTMENT

REQUEST F…

LF67426
Data Coding
50601850
06/11/15 10:51 AM

- **Sample Collection Ins… are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
FLORISSA STEBBINS	5/31/15	6:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
341 ROBBIE LN.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48505	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

SB 12

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995 2700
Mailing Address	
P.O. Box 246	
City	**State** / **Zip**
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING W/ DEPARTMEN

REQUEST

LF67427

Data Coding 50601850

- **Sample Collection** 06/11/15 10:51 AM s form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	**Area Code & Phone number**
4500 N. DORT HWY	810-787-6537
City	**State** / **ZIP Code**
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ZETAN EVANS	5/30/15	6:45	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
353 ROBBIE LN.		
City / **County**	**ZIP Code**	**Well (If more than one) Number**
FLINT / GENESEE	48505	
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
BATHROOM		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000480

LF67428
Data Coding
50601850

8/12

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LAB
DEPARTMENT OF ENV

REQUEST FOR W

06/11/15 10:51 AM

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
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8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DORIS ~~D~~ NUNN	5/31/15	8	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*	System/Owner Name
0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
349 ROBBIE LN.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48505	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
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TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000481

LF68023
Data Coding
50602353
06/16/15 11:11 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABO
DEPARTMENT OF ENVIR

REQUEST FOR WA

- **Sample Collection Instruction**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) Single Family Dwelling
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3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
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6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MARK RUSSEL	6/8/15	7:30	(AM) PM

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1807 OREN AVE.		
City: FLINT	**County**: GENESEE	**ZIP Code**: 48505
Well (If more than one) Number		
Sampling Point (kitchen, bath, etc.): BATHROOM	**Site Code or Permit Number (If known)**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
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- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000482

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DR DE RE — LF68788 Data Coding 50603130 06/19/15 11:03 AM — SING ALITY SIS

- Sample C… back of this form
- FEE AMOUNTS ON THIS FORM A… E JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MM 6/20

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
SAMUEL J. CONDE	6/14/15	8:34	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name	
CITY OF FLINT	
Collection Site (Street Address): 421 LYON ST	Township (If known) / Section (If known)
City: FLINT; County: GENESEE	ZIP Code: 48503; Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000483

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ

LF68789

Data Coding 50603130

NSING
UALITY
YSIS

- **Sample** 06/19/15 11:03 AM ; back of this form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MT 6/22

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
CAROL PARKER	6/12/15	5:23	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1528 DELAWARE AVE		
City: FLINT **County**: GENESEE	**ZIP Code**: 48504	**Well (If more than one) Number**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number** (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000484

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - LANSING
DI ENVIRONMENTAL QUALITY
RE LF68790 /SIS
Data Coding 50603130
06/19/15 11:03 AM

- Sample back of this form
- FEE AMC E JAN. 1, 2010.
  Fee amounts are subject
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? [✓] Yes [ ] No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
REID SANDERS	6/14/15	9:35	(AM) PM

[ ] Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name	
CITY OF FLINT	
Collection Site (Street Address): 3811 BRENTWOOD DR.	Township (If known) / Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G49952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ LF68791 Data Coding 50603130 05/19/15 11:03 AM

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NALYSIS

- Sar… n the back of this form
- FEE AMOUNTS ON THIS FORM… ECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
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SAMPLE POINT - *Circle One*

1- Public System Well
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9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
VIVAN GRIER	6/14/15	9:45	(AM) PM

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Collector Code *Circle One*	System/Owner Name
0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1615 ~~S. FRANK~~ S. FRANKLIN AVE		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
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CXVO	36VO	Volatile Organic Compounds	**$100.00**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMENT OF ENVIRONMENTAL QUALITY

LF68792
Data Coding
50603130
06/19/15 11:03 AM

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- FEE A... ...IVE JAN. 1, 2010.
  Fee amo...
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MH 6/22

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
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SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
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9 - Other

SAMPLE POINT - *Circle One*
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SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
LAURA STAUDACHER	6/12/15	6:30	AM PM

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
853 E. 7th ST.		
City: FLINT	**County**: GENESEE	**ZIP Code**: 48503
Well (If more than one) Number		
Sampling Point (kitchen, bath, etc.): BATHROOM	**Site Code or Permit Number (If known)**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
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CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

LF68793
Data Coding
50603130
06/19/15 11:03 AM

ALYSIS

- Sam
- FEE A
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- PREPA ACCOUNT NUMBER IS REQUIRED FOR TESTING

the back of this form
TIVE JAN. 1, 2010.

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537
City / State / ZIP Code	
FLINT MI 48505	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DEBORAH CONRAD	6/14/15	7:30	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name	
CITY OF FLINT	
Collection Site (Street Address)	Township (If known) / Section (If known)
~~4500 N. DORT HWY~~ 1150 WOODSIDE DR	
City / County	ZIP Code / Well (If more than one) Number
FLINT GENESEE	48503
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: ~~CIT~~ P.O. Box 246	
City: FLINT	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** — Check # — Amt. Encl.

DEQ

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WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
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6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
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SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
LINDA LEE	6/14/15	9:00	(AM) PM

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Collector Code *Circle One*: 0 - County Personnel; 1- Water Supply Operator; 2- DEQ DW staff; (3) Private Citizen; 4 - DEQ Staff other than DW; 6- MDA Staff; 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address): 547 COPEMAN BLVD.	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000489

LF69622
Data Coding
50603953

DEQ DRINKING WATER LABO
DEPARTMENT OF ENVIR

REQUEST FOR WA 6/25/15 11:52 AM

PJ 6/25

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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7 - Surface Water (includes bathing beach and wastewater discharge)
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9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
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3- Untreated Public Distribution System
(4) Treated Public Distribution System
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7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MICHAEL TAYLOR	6/21/15	10:30	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
920 STOCKER AVE		
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
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TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000490

LF69623
Data Coding
50603953
6/25/15 11:52 AM

KJ 6/25

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LA
DEPARTMENT OF EN

REQUEST FOR

- **Sample Collection Instructions are on the back of this form**
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- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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SAMPLING PURPOSE - *Circle One*

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SAMPLE POINT - *Circle One*

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Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DANA STIF	6/19/15	7:00	(AM) PM

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Collector Code *Circle One*	System/Owner Name
0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
742 LINCOLN AVE		
City: FLINT **County:** GENESEE	**ZIP Code:** 48507	**Well (If more than one) Number:**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known):**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000491

LF69624
Data Coding
50603953
6/25/15 11:52 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G999952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER L
DEPARTMENT OF E

REQUEST FOR

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SAMPLE SOURCE - *Circle One*

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SAMPLE POINT - *Circle One*

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Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
RANDOLPH FREEMAN	6/24/15	5:05	~~AM~~ (PM)

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System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3517 BENNETT AVE		
City: FLINT / County: GENESEE	ZIP Code: 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
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TEST CODE	UNIT#	FEE
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TOTAL OF ALL FEES »		$ 26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000492

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995 2200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

LF69625
Data Coding
50603953
6/25/15 11:52 AM

KJ
425

REQUEST FOR

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(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
PETER M. BABE	6/22/15	5:30	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1730 OVERHILL DR.		
City: FLINT	**County**: GENESEE	**ZIP Code**: 48503 — **Well (If more than one) Number**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known)**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000493

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABO
DEPARTMENT OF ENVI

LF69626
Data Coding
50603953
6/25/15 11:52 AM

REQUEST FOR WA

- **Sample Collection Instructio**
- FEE AMOUNTS ON THIS FORM A[illegible] JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
CHIMENE HILL	6/23/15	8:20	~~AM~~ PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2117 STANFORD AVE.		
City: FLINT / **County:** GENESEE	**ZIP Code:** 48503	**Well (If more than one) Number**
Sampling Point (kitchen, bath, etc.): MAIN BATHROOM	**Site Code or Permit Number (If known)**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER L
DEPARTMENT OF E

LF69627
Data Coding
50603953
6/25/15 11:52 AM

REQUEST FOR

- **Sample Collection Instruc**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
JON KINGEN	6/21/15	7:00	~~AM~~ (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2432 BETA LN.		
City: FLINT **County:** GENESEE	**ZIP Code:** 48506	**Well (If more than one) Number**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known)**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

LF69628
Data Coding
50603953
6/25/15 11:52 AM

JS 6/25

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537
City / State / ZIP Code	
FLINT / MI / 48505	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
CAROL A. HIGGINS	6/21/15	11:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2023 MILLER RD.		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48503
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
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CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING W DEPARTMEN

REQUEST

LF70222
Data Coding
50604538
06/30/15 11:14 AM

- **Sample Collection** ...is form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBERS REQUIRED FOR TESTING

MM 7/1

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
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SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
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7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MELANIE POISSON	6/25/15	6:30	(AM) PM

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address): 721 EAST ST. AA #2	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** — Check # — Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST LF70223

Data Coding 50604538

06/30/15 11:14 AM

- **Sample Collectio** … his form
- FEE AMOUNTS ON … 010.
- Fee amounts are su…
- PREPAYMENT OR … ED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1 - Public System Well
2 - Public System Surface Water
3 - Untreated Public Distribution System
(4) - Treated Public Distribution System
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6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
BRIAN URCH	6/25/15	7:33	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3814 WHITTIER		
City: FLINT / **County:** GENESEE	**ZIP Code:** 48506	**Well (If more than one) Number:**
Sampling Point (kitchen, bath, etc.): BATHROOM	**Site Code or Permit Number (If known):**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000498

LF70224
Data Coding
50604538
06/30/15 11:14 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKIN DEPARTM

REQUES

- **Sample Collection instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One AM / PM)
TOM HUTCHINGS	6/24/15	6:20

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, (3)- Private Citizen, 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other)	System/Owner Name	
	CITY OF FLINT	
Collection Site (Street Address): 3120 NORWOOD DR.	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): BATHROOM	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES »		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # / Amt. Encl.

DEQ DRINKING W... DEPARTME...

REQUEST

LF70225
Data Coding
50604538

- **Sample Collectior** 06/30/15 11:14 AM ...is form
- FEE AMOUNTS ON T... EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MA 21

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
KATHLEEN REID	6/21/15	7:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): 2122 PIERCE ST.	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000500

LF70226
Data Coding
50604538

DEQ DRINKING W DEPARTMEN

REQUEST 06/30/15 11:14 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
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9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
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SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
BRENT WRIGHT	6/25/15	6:35	(AM) PM

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
	CITY OF FLINT	
Collection Site (Street Address): 3521 BENNETT AVE	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
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CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LA
DEPARTMENT OF EN

LF70227
Data Coding
50604538
06/30/15 11:14 AM

REQUEST FOR V

- **Sample Collection Instruct**
- FEE AMOUNTS ON THIS FORM [illegible] JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
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SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

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6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
BRAD FARRAR	6/24/15	7:15	(AM) PM

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System/Owner Name	
CITY OF FLINT	
Collection Site (Street Address): 1602 RASBERRY LN.	Township (If known) / Section (If known)
City: FLINT County: GENESEE	ZIP Code: 48507 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

LF70228
Data Coding
50604538
06/30/15 11:14 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LAB
DEPARTMENT OF ENV

REQUEST FOR W

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
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3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DAWN STEELE	6/26/15	4:35	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1809 LYNBROOK		
City: FLINT	County: GENESEE	ZIP Code: 48507
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	Well (If more than one) Number

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

LF70229
Data Coding
50604538
06/30/15 11:14 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LAB
DEPARTMENT OF ENV

REQUEST FOR W

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: ~~48503~~ 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
KAREN EATON	6/24/15	9:30	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2112 SHERFF		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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INSTRUCTIONS:
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH! checks payable to **State of Michigan** Check # Amt. Encl.	

DEQ DRINKING DEPARTMENT

LF70230
Data Coding
50604538
11:14 AM

REQUEST

- **Sample Collection** 06/30/15 **back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
JOEL ARNOLD	6/24/15	6:30	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name	
CITY OF FLINT	
Collection Site (Street Address): 1205 BLANCHARD AVE.	Township (If known) / Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000505

LF70231
Data Coding
50604538

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LA
DEPARTMENT OF EN

REQUEST FOR V 06/30/15 11:14 AM

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DERRICK JONES	6/26/15	5:27	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
860 SCHAFER ST.		
City: FLINT	County: GENESEE	ZIP Code: 48503
Well (If more than one) Number		
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000506

LF71158
Data Coding
50700856
07/07/15 11:34 AM

TW 7/8

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATE DEPARTMENT O

REQUEST FO

- **Sample Collection Instructions are on the back of this form**
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- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
SHELLY SANETRIK	6/30/15	8:34	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2110 FLUSHING RD.		
City: FLINT	**County**: GENESEE	**ZIP Code**: 48504 — **Well (If more than one) Number**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known)**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000507

TW 7/8

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABO
DEPARTMENT OF ENVIR

REQUEST FOR WA

LF71159
Data Coding
50700856

- **Sample Collection Instruction** 07/07/15 11:34 AM
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1 - Public System Well
2 - Public System Surface Water
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(4) Treated Public Distribution System
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6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
CONSTANCE VAUGHN	6/29/15	9:30	

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2300 FLUSHING RD.		
City: FLINT **County:** GENESEE	**ZIP Code:** 48504	**Well (If more than one) Number:**
Sampling Point (kitchen, bath, etc.): BATHROOM	**Site Code or Permit Number (If known):**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
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NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000508

TW 7/8

LF71160
Data Coding
50700856
07/07/15 11:34 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LAB(DEPARTMENT OF ENVI

REQUEST FOR W

- **Sample Collection Instructions are on the back**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
ROSARIO	6/28/15	5:46	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)-Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2130 FLUSHING RD		
City: FLINT	County: GENESEE	ZIP Code: 48504
Sampling Point (kitchen, bath, etc.): BASEMENT	Site Code or Permit Number (If known)	Well (If more than one) Number

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000509

TW 7/8

LF71161
Data Coding
50700856

07/07/15 11:34 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABOR
DEPARTMENT OF ENVIR

REQUEST FOR WA

- **Sample Collection Instructions are on the back**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
SHERRI CROWE	7/2/15	7:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
202 BROWNING AVE.		
City: FLINT	County: GENESEE	ZIP Code: 48507
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	Well (If more than one) Number

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000510

TW 7/8

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995 2200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY, LANSING
DEPARTMENT OF ENV

REQUEST FOR W

LF71162
Data Coding
50700856
07/07/15 11:34 AM

- **Sample Collection Instructi**
- FEE AMOUNTS ON THIS FORM Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1 - Public System Well
2 - Public System Surface Water
3 - Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
BARBARA NELSON	6/29/15	6:30	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address): 2202 FLUSHING RD.

Township (If known):

Section (If known):

City: FLINT

County: GENESEE

ZIP Code: 48504

Well (If more than one) Number:

Sampling Point (kitchen, bath, etc.): KITCHEN

Site Code or Permit Number (If known):

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000511

FLO 7/8

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMENT OF ENV

REQUEST FOR W

LF71163
Data Coding
50700856
07/07/15 11:34 AM

- **Sample Collection Instructi**
- FEE AMOUNTS ON THIS FORM Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ROLAND WATSON	6/30/15	8:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address): 2429 FLUSHING RD.	Township (If known)	Section (If known)
City: FLINT; County: GENESEE	ZIP Code: 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000512

FW 7/8

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABO
DEPARTMENT OF ENVIR

LF71164
Data Coding
50700856
07/07/15 11:34 AM

REQUEST FOR WA

- **Sample Collection Instruction**
- FEE AMOUNTS ON THIS FORM AR ... JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
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7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ASHONTE BOOKER	7/2/15	7:35	AM (PM)

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
628 FROST ST.		
City: FLINT	**County**: GENESEE	**ZIP Code**: 48504 — **Well (if more than one) Number**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known)**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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CAS	36ME	Arsenic	$18.00	
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CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000513

TW 7/8

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

LF71165
Data Coding
50700856
07/07/15 11:34 AM

- **Sample Collection Instru… on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ADRIAN & PHYLLIS JONES	6/29/15	8:30	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*	System/Owner Name
0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)-Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
4013 BROWNELL BLVD.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48504	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000514

RW 7/8

LF71166
Data Coding
50700856
07/07/15 11:34 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABOR
DEPARTMENT OF ENVIR

REQUEST FOR WA

- **Sample Collection Instruction**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2016. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MICHELLE & MICHAEL REED	6/30/15	7:30	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2414 FLUSHING RD.		
City: FLINT	**County**: GENESEE	**ZIP Code**: 48504 — **Well (If more than one) Number**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known)**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000515

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER L
DEPARTMENT OF E

REQUEST FOR

LF71167
Data Coding
50700856
07/07/15 11:34 AM

- **Sample Collection Instru** ...n
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
KARL ADKINS	6/29/15	6:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name	
CITY OF FLINT	
Collection Site (Street Address): 1914 PENBROOK LN.	Township (If known) / Section (If known)
City: FLINT	County: GENESEE / ZIP Code: 48507 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000516

RW 7/8

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORA
DEPARTMENT OF ENVIRON

REQUEST FOR WATE

LF71168
Data Coding
50700856
07/07/15 11:34 AM

- **Sample Collection Instructions**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 20[illegible] Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
CARNETTA CARTER	6/26/15	8:25	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3901 LEERDA ST		
City: FLINT	**County:** GENESEE	**ZIP Code:** 48504 — **Well (If more than one) Number:**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known):**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000517

LF71169
Data Coding
50700856
07/07/15 11:34 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LAB(DEPARTMENT OF ENVI

REQUEST FOR W/

- **Sample Collection Instructions are on the back of this form**
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- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

KW 7/8

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
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SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
BOB FARRAR	6/26/15	6:20	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3142 MCCLURE		
City: FLINT	County: GENESEE	ZIP Code: 48506
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	Well (If more than one) Number

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000518

TW 7/8

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH! checks payable to **State of Michigan** Check # Amt. Encl.	

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FO

LF71170
Data Coding
50700856
07/07/15 11:34 AM

- **Sample Collection Inst** ...orm
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
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2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DAVID ~~PAUL~~ PAVLOVICH	6/29/15	8:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2114 FLUSHING. RD.		
City: FLINT	**County:** GENESEE	**ZIP Code:** 48504 — **Well (If more than one) Number:**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known):**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000519

RW 7/8

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMENT O

LF71171
Data Coding
50700856
07/07/15 11:34 AM

REQUEST FO orm

- **Sample Collection Ins**
- FEE AMOUNTS ON THIS
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4 Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MIKE GLASGOW	7/2/15	11:40	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel, 1 - Water Supply Operator, 2- DEQ DW staff, X Private Citizen, 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other

System/Owner Name	
CITY OF FLINT	
Collection Site (Street Address): 212 BROWNING AVE	Township (If known) / Section (If known)
City: FLINT; County: GENESEE	ZIP Code: 48507; Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): K REFRIGERATOR WATER LINE	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATE DEPARTMENT C

REQUEST FO

LF72033
Data Coding
50701595
07/10/15 10:36 AM

- **Sample Collection Ins** orm
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MT 213

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MAURCIA GUYNN	6/30/15	8:15	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)-Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
769 FROST ST		
City: FLINT	**County**: GENESEE	**ZIP Code**: 48504
Well (If more than one) Number		
Sampling Point (kitchen, bath, etc.): BATHROOM	**Site Code or Permit Number** (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LAE
DEPARTMENT OF ENV

REQUEST FOR W

LF72034
Data Coding
50701595

07/10/15 10:36 AM

- **Sample Collection Instructi**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MT 13

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MIKE GLASGOW	7/6/15	12:45	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)-Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
625. S. GRAND TRAVERSE		
City: FLINT / County: GENESEE	ZIP Code: 48502	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): UTILITY SINK	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000522

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT C

REQUEST FO

LF72035
Data Coding
50701595
07/10/15 10:36 AM

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MA713

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
TIM COLLARDEY	7/6/15	2:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address): 2110 MOUNTAIN AVE	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES »		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000523

TW 7/20

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT

REQUEST FORM

LF73154
Data Coding
50702627

07/17/15 10:28 AM

- **Sample Collection Instructions**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
FLORLISA STEBBINS	7/14/15	8:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
341 ROBBIE LN.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48505	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000524

FW 7/20

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995 2200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER / DEPARTMENT OF E

REQUEST FOR

LF73155
Data Coding
50702627
07/17/15 10:28 AM

- **Sample Collection Instru**
- FEE AMOUNTS ON THIS FOR[illegible]ECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
EUGENE GRIFFEL	7/9/15	10:15	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)-Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address): 2106 PIERCE ST.	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

TW 7/20

LF73156 Data Coding 50702627 07/17/15 10:29 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LAB
DEPARTMENT OF ENV

REQUEST FOR W

- **Sample Collection Instruction**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2016. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
AMANDA TRUJILLO	7/6/15	7:35	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address): 413 BURROUGHS AVE.	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48507	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
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NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

LF74067
Data Coding
50703467
07/23/15 11:10 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995 2200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORAT(DEPARTMENT OF ENVIRONM

REQUEST FOR WATE

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

TW 7/27

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
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9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
CHRISTOPHER WELLINGTON	7/9/15	10:00	(AM) PM

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address): 818 LYON ST.	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000527

LF74068
Data Coding
50703467

07/23/15 11:10 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABOR/ DEPARTMENT OF ENVIRO

REQUEST FOR WATER

- **Sample Collection Instructions are on the back of this form**
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- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

TW 7/27

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
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6 - Treated/Softened Private Well
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SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DEBORAH CONRAD	7/11/15	~~7/11/15~~ 7:45	AM PM

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)-Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1150 WOODSIDE DR.		
City: FLINT	**County**: GENESEE	**ZIP Code**: 48503
Well (If more than one) Number		
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known)**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000528

LF74069
Data Coding
50703467
07/23/15 11:10 AM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABOR
DEPARTMENT OF ENVIR

REQUEST FOR WAT

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TW 7/27

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SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
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6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
CLIFTON C. TURNER	7/13/15	8:00	

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3710 FOXCROFT CR.		
City: FLINT **County**: GENESEE	**ZIP Code**: 48503	**Well (If more than one) Number**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known)**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000529

TW 7/27

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WATER LA
DEPARTMENT OF EN

REQUEST FOR V

LF74070
Data Coding
50703467
07/23/15 11:10 AM

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
SAMUEL CONDE	7/16/15	7:15	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (if known)	Section (if known)
421 LYON ST.		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48503
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000530

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER
DEPARTMENT OF E

LF74071
Data Coding
50703467
07/23/15 11:10 AM

REQUEST FOR

- **Sample Collection Instruc… on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

TW 7/27

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537
City / State / ZIP Code	
FLINT / MI / 48505	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One AM PM)
BETHANY HAZARD	7/15/15	9:00

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2553 SWAYZE		
City / **County**	**ZIP Code**	**Well (If more than one) Number**
FLINT / GENESEE	48503	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
BATHROOM		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

JW 7/27

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LAB / DEPARTMENT OF ENV

LF74072 Data Coding 50703467 07/23/15 11:10 AM

REQUEST FOR W

- **Sample Collection Instruct**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE … Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One AM PM)
ELIZABETH PERKINS-HARBIN	7/13/15	6:30

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
	CITY OF FLINT
Collection Site (Street Address): 2107 CALUMET ST.	Township (If known) / Section (If known)
City: FLINT; County: GENESEE	ZIP Code: 48503; Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): BATHROOM	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995 2200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH! checks payable to **State of Michigan** Check # Amt. Encl.	

DEQ DRINKING WATER LA
DEPARTMENT OF EN

LF75086
Data Coding
50704502

REQUEST FOR W

- **Sample Collection Instruct** 07/30/15 11:01 AM
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MA7131

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ALAN J. FERRARI	7/22/15	7:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2909 BROWNELL BLVD.		
City: FLINT / County: GENESEE	ZIP Code: 48505	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH! checks payable to **State of Michigan** Check # Amt. Encl.	

DEQ DRINKING WATER LAB
DEPARTMENT OF ENV

REQUEST FOR W

LF75087
Data Coding
50704502
07/30/15 11:01 AM

- **Sample Collection Instructio** [illegible]
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MAY 31

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
KELLEY MCGINNIS	7/21/15	8:00	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3125 DAKOTA AVE.		
City: FLINT / County: GENESEE	ZIP Code: 48506	Well (if more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G4995220O
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER L… DEPARTMENT OF E…

REQUEST FOR …

LF75088
Data Coding
50704502
07/30/15 11:01 AM

- **Sample Collection Instruc…**
- FEE AMOUNTS ON THIS FOR… Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MH 7/8/

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
MANUEL MCGINNIS	7/21/15	8:15	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3131 DAKOTA AVE.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48506	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000535

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	GR9952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

LF75089
Data Coding
50704502

07/30/15 11:01 AM n

- **Sample Collection Instru**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MAY 15

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4- Treated Public Distribution System)
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One: AM / PM)
ANNIE OPER	7/17/15	10:00

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name	
CITY OF FLINT	
Collection Site (Street Address): 1509 E. COURT ST.	Township (If known) / Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000536

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952700
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABOR
DEPARTMENT OF ENVIR

LF75090
Data Coding
50704502
07/30/15 11:01 AM

REQUEST FOR WA

- **Sample Collection Instructio**
- FEE AMOUNTS ON THIS FORM A
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

VA 7.30.15

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ANNIE OPER	7/17/15	10:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1509 E. COURT ST. #2		
City: FLINT **County**: GENESEE	**ZIP Code**: 48503	**Well (If more than one) Number**
Sampling Point (kitchen, bath, etc.): SMALL SINK	**Site Code or Permit Number (If known)**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST FOR

LF75091
Data Coding
50704502
07/30/15 11:01 AM

- **Sample Collection Instru**
- FEE AMOUNTS ON THIS FO
  Fee amounts are subject to a
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MA 7/31

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One AM PM)
JASON KOTARSKI	7/13/15	9:00

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
604 CHALMERS ST.		
City: FLINT	**County:** GENESEE	**ZIP Code:** 48503 — **Well (If more than one) Number:**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known):**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000538

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI 48505

DO NOT SEND CASH! — checks payable to **State of Michigan** — Check # — Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT C

REQUEST FO

LF75092
Data Coding
50704502
07/30/15 11:01 AM

- **Sample Collection In** form
- FEE AMOUNTS ON THIS
  Fee amounts are subject
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

NH731

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1 - Public System Well
2 - Public System Surface Water
3 - Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537
City	State / ZIP Code
FLINT	MI 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One AM / PM)
KAREN EATON	7/28/15	7:15

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name	
CITY OF FLINT	
Collection Site (Street Address)	Township (If known) / Section (If known)
2112 SHERFF	
City / County	ZIP Code / Well (If more than one) Number
FLINT / GENESEE	48503
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
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- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000539

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER … DEPARTMENT …

LF77583
Data Coding
50801859
08/12/15 1:21 PM

REQUEST F… form

- **Sample Collection Instruction…**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

MAR/15

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

(0) Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: (810) 787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
WREX WEAVER	7/31/15	8:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel (1) Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address): 1311 WOODLAWN PK DR.	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): BATHROOM	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000540

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G79952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMENT OF ENVIRONMENTAL

REQUEST F

LF80248
Data Coding
50804279
08/28/15 11:03 AM

- **Sample Collection In** form
- FEE AMOUNTS ON THIS
  Fee amounts are subject t
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
CAROL A. HIGGINS	8/25/15	9:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2023 MILLER RD.		
City: FLINT	County: GENESEE	ZIP Code: 48503
Well (If more than one) Number		
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000541

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF

REQUEST FO

LF80249
Data Coding
50804279

08/28/15 11:03 AM

- **Sample Collection In** form
- FEE AMOUNTS ON THIS
  Fee amounts are subject to ~~annual~~
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ANDREW SPEER	7/31/15	9:00	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
~~ANDREW SPEER~~ 1019 E. FORK DR.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000542

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** — Check # — Amt. Encl.

DEQ DRINKING WATER LABORATORY
DEPARTMENT

REQUEST F

LF80250
Data Coding
50804279
08/28/15 11:03 AM

- **Sample Collection In** … **form**
- FEE AMOUNTS ON THIS … Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*
1 - Public System Well
2 - Public System Surface Water
3 - Untreated Public Distribution System
(4) - Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537
City / State / ZIP Code	
FLINT / MI / 48505	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
KEVIN WAGGONER	7/31/15	10	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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System/Owner Name	
CITY OF FLINT	
Collection Site (Street Address)	Township (If known) / Section (If known)
3311 HAWTHORNE DR.	
City / County	ZIP Code / Well (If more than one) Number
FLINT / GENESEE	48503
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000543

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH! checks payable to **State of Michigan** Check # Amt. Encl.	

DEQ DRINKING WATE DEPARTMENT O

REQUEST FC

LF80251
Data Coding
50804279

- **Sample Collection In** 08/28/15 11:03 AM **form**
- FEE AMOUNTS ON THIS FORM A... Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
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(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
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(4) Treated Public Distribution System
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9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One AM PM)
KEN & SHARON BURCH	8/2/15	8:00

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
Collection Site (Street Address): 1911 TUSCOLA	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000544

FW 9/8

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

R[illegible] .YSIS

LF81253
Data Coding
50900746
09/03/15 11:05 AM

- Sample[illegible] back of this form
- FEE AMO[illegible] E JAN. 1, 2010.
  Fee amou[illegible]
- PREPAYM[illegible] ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
TAMAR LEWIS	8/7/15	7:30	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☑ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, (3- Private Citizen), 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address)	Township (If known)	Section (If known)
1623 NEOME DR.		
City / County	ZIP Code	Well (If more than one) Number
FLINT / GENESEE	48503	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
BATHROOM		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000545

TW 9/8

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - LANSING ... QUALITY

LF81254
Data Coding
50900746
09/03/15 11:05 AM

... LYSIS

- Samp... ...e back of this form
- FEE A... ...IVE JAN. 1, 2010. Fee amounts are subject...
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
CONNER COYNE	8/26/15	2:00	(PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☑ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1201 MAXINE ST		
City: FLINT	County: GENESEE	ZIP Code: 48503
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	Well (If more than one) Number

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000546

TH 9/1/15

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT

REQUEST FO

LF82706
Data Coding
50902085
09/15/15 11:49 AM

- **Sample Collection Ins** orm
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2016. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
BETHANY HAZARD	9/1/15	8:30	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)-Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2553 SWAYZE		
City: FLINT **County:** GENESEE	**ZIP Code:** 48503	**Well (If more than one) Number:**
Sampling Point (kitchen, bath, etc.): MAIN BATHROOM	**Site Code or Permit Number (If known):**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000547

#9/17

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH! checks payable to **State of Michigan** Check # Amt. Encl.	

DEQ DRINKING W… DEPARTMENT …ANSING

LF82707 Data Coding 50902085 08/15/15 11:48 AM

REQUEST …is form

- **Sample Collection** …010.
- FEE AMOUNTS ON TH… Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ROBERT KNOX	9/9/15	8:30	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1001 DUPONT ST.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48504	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000548

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUE LF82708 Data Coding 50902085 09/15/15 11:49 AM

- **Sample Colle** **of this form**
- FEE AMOUNTS Fee amounts are 1, 2010.
- PREPAYMENT OR DWL ACCOUNT UIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

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6 - Treated/Softened Private Well
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SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
DAN RICHARDS	9/10/15	7:10	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
	CITY OF FLINT	
Collection Site (Street Address)	Township (If known)	Section (If known)
914 MAXINE ST. #1		
City / County	ZIP Code	Well (If more than one) Number
FLINT / GENESEE	48503	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
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TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000549

LF82709
Data Coding
50902085
09/15/15
11:49 AM

9/16/15

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DF DF NG LITY RE SIS

- **Sample Collection Instruc... back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4)- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DAN RICHARDS	9/10/15	12:30	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*	System/Owner Name
0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
914 MAXINE ST. #2		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000550

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

LF84313
Data Coding
50903503
09/23/15 11:44 AM

NALYSIS

- San
- FEE
  Fee
- PRE
  FOR TESTING

1 the back of this form
CTIVE JAN. 1, 2010.
ER IS REQUIRED

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
JOHN D. CHERRY	9/18/15	7:50	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address): 1025 KENSINGTON AVE	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000551

SB 25

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQ[illegible] IS

LF84314
Data Coding
50903503
09/23/15 11:44 AM

- **Sample Col[illegible]** :k of this form
- FEE AMOUNT[illegible] Fee amounts a[illegible] N. 1, 2010.
- PREPAYMENT[illegible] NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
(4) Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537
City / State / ZIP Code	
FLINT / MI / 48505	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
BARBARA SORSCHER	9/21/15	7:00	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2616 HILLCREST		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48507
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000552

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. End.

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMENT OF ... ALITY

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50903503
09/23/15 11:44 AM

- Sample C...
- FEE AMOU... ...ack of this form
  Fee amount... ...JAN. 1, 2010.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
STEVE NAGY	9/16/15	10:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name	
CITY OF FLINT	
Collection Site (Street Address): 1422 CLANCY	Township (If known) / Section (If known)
City: FLINT	County: GENESEE / ZIP Code: 48503 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): BATHROOM	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

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REC[illegible] SIS

LF84316
Data Coding
50903503
09/23/15
11:44 AM

- Sample C[illegible] ack of this form
- FEE AMOU[illegible] JAN. 1, 2010.
  Fee amoun[illegible]
- PREPAYMENT OR DWL[illegible] REQUIRED
  FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
GEOFFREY NEITHERCUT	9/17/15	5:00	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
(0)	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1614 WOODLAWN PARK DR.		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48503
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
OTHER		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
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CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000554

58
25

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQU[illegible]S

LF84317

- Sample Coll — Data Coding — k of this form
- FEE AMOUNT 50903503 — N. 1, 2010.
  Fee amounts : 09/23/15 11:44 AM
- PREPAYMENT [illegible] REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
BRENDA BROWN	9/16/15	9:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
	CITY OF FLINT
Collection Site (Street Address): 2761 CHICAGO BLVD.	Township (If known) / Section (If known)
City: FLINT; County: GENESEE	ZIP Code: 48503; Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): BATHROOM	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000555

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	699952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST LF84896

Data Coding 50904042 09/25/15 11:07 AM

- **Sample Collection I** ... s form
- FEE AMOUNTS ON TH ... 0.
  Fee amounts are subjec
- PREPAYMENT OR DWL ... NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	Mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
LYNDA PITTS	9/23/15	8:05	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name	
City of Flint	
Collection Site (Street Address): 618 E. SHERMAN	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code: 48505 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000556

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G99952200
Mailing Address	
PO Box 246	
City	State / Zip
Flint	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRIN DEPA

LF84897

REQU

Data Coding 50904042

- Sample Coll 09/25/15 11:07 AM k of this form
- FEE AMOUNTS ... JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	MGlasgow@cityofflint.com
Mailing Address	Area Code & Phone number
4500 N Dort Hwy	Flint 810-787-6537
City	State / ZIP Code
Flint	MI 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
RANDY KAUFMAN	9/22/15	7:40	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
2801 YALE ST.		

City	County	ZIP Code	Well (If more than one) Number
Flint	Genesee	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000557

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G99952200
Mailing Address	
PO Box 246	
City	State / Zip
Flint	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTM... ENTAL QUALITY

REQUE...

LF84898
Data Coding
50904042
09/25/15 11:07 AM

- **Sample Collec...** ...f this form
- FEE AMOUNTS ... 1, 2010.
  Fee amounts are s...
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- 1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- 0 - Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- 4- Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	Mglasgow@CityofFlint.com
Mailing Address	Area Code & Phone number
4500 N. Dort Hwy	810 787-6585
City	State / ZIP Code
Flint	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
CHARLENE COLLINS	9/22/15	8:00	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel; 1- Water Supply Operator; 2- DEQ DW staff; 3- Private Citizen; 4 - DEQ Staff other than DW; 6- MDA Staff; 9- Other

System/Owner Name	
City of Flint	
Collection Site (Street Address)	Township (If known) / Section (If known)
5602 Baldwin Blvd	
City / County	ZIP Code / Well (If more than one) Number
Flint / Genesee	48505
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
Kitchen	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000558

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G99952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING … DEPARTM…

LF84899
Data Coding
50904042
09/25/15 11:07 AM

REQUES…

- **Sample Collectio…** …his form
- FEE AMOUNTS ON … EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort. Hwy	Area Code & Phone number: 810-787-8537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ROSINA MANLEY	9/22/15	8:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System Owner Name		
City of Flint		
Collection Site (Street Address): 1930 COLCHESTER	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
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INSTRUCTIONS:

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- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000559

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G99952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF

REQUEST FOR

LF84900
Data Coding
50904042
09/25/15 11:07 AM

- **Sample Collection Instr**
- FEE AMOUNTS ON THIS F
  Fee amounts are subject to a
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
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6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
Mike Glasgow	mglasgow@CityofFlint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
UNKNOWN	9/22/15	5:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
UNKNOWN		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
Flint	Genesee	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
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CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
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NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ⇻		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000560

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	699952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY

REQUI

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50904498
09/29/15 1:22 PM

- **Sample Colle** **of this form**
- FEE AMOUNTS . 1, 2010.
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MIKE FARELLA	9/25/15	7:30	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
0	City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
3216 HAWTHORNE DR.		

City	County	ZIP Code	Well (If more than one) Number
Flint	Genesee	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
BATHROOM	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	699952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKIN… DEPART…

REQUE…

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50904498
09/29/15 1:22 PM

- **Sample Collecti…** …f this form
- FEE AMOUNTS O… …FFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
AMANDA PANOS	9/25/15	9:48	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
841 DICKINSON ST.		
City: Flint / County: Genesee	ZIP Code: 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000562

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G999S2200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WATER ... LANSING ... QUALITY ... LYSIS

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50904498
09/29/15 1:22 PM

- Sample ... back of this form
- FEE AMO... VE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
PAUL JORDAN	9/22/15	7:45	AM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System Owner Name
0	City of Flint
Collection Site (Street Address): 4410 E. ATHERTON	Township (If known) / Section (If known)
City: Flint; County: Genesee	ZIP Code: 48507; Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26 XX
TOTAL OF ALL FEES ▸▸		$26 XX

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000563

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G99952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

RE[illegible]YSIS

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Data Coding
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- Sample[illegible] back of this form
- FEE AM[illegible] /E JAN. 1, 2010.
  Fee amc[illegible]
- PREPAYMENT OR[illegible] IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	Mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
KAREN VANCE	9/23/15	5:10	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	City of Flint
Collection Site (Street Address): 926 MAXINE ST	Township (If known) / Section (If known)
City: Flint; County: Genesee	ZIP Code: 48503; Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000564

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G99952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

RE [barcode] YSIS

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Data Coding
50904498
09/29/15 1:22 PM

- **Sample (** back of this form
- FEE AMOI : JAN. 1, 2010.
  Fee amoui
- PREPAYM REQUIRED
  FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
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5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
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4- Treated Public Distribution System
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7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@CityofFlint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
EDNA SABUCCO	9/23/15	8:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
3	City of Flint	
Collection Site (Street Address): 1426 MAPLEWOOD AVE.	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000565

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G99952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT

REQU

LF85290
Data Coding
50904498
03/29/15 1:22 PM

- Sample Colle… of this form
- FEE AMOUNTS …IVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	MGlasgow@Cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-8537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
BENJAMIN PAUL	9/15/15	7:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
3	City of Flint	
Collection Site (Street Address): 1213 BEARD ST.	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000566

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G 99952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

LF85291
Data Coding
50904498
09/29/15 1:22 PM

R LYSIS

- Sampl e back of this form
- FEE AM VE JAN. 1, 2010.
  Fee am
- PREPAYMENT OR .IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	Mglasgow@CityofFlint-Com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
JACKIE HINSON	9/27/15	6:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other): 3	**System/Owner Name**: City of Flint	
Collection Site (Street Address): 3513 BENNETT AVE	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000567

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G99952200
Mailing Address	
PO 246	
City	State / Zip
Flint	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY ... DEPAR... Y

LF85329
Data Coding
50904517
09/29/15 2:35 PM

REQU...

- **Sample Colle...** of this form
- FEE AMOUNTS ... 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One* (School)
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One* (9 - Other)
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One* (9 - Other)
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address	Area Code & Phone number
4500 N. Dort Hwy	810-787-6537
City	State / ZIP Code
Flint	MI 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
Lawrence Morrison	9-29-15	7:45	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, (3- Private Citizen), 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other

System/Owner Name	
City of Flint	
Collection Site (Street Address)	Township (If known) / Section (If known)
St. John Vianney Catholic School	
City / County	ZIP Code / Well (If more than one) Number
Flint / Genesee	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
Kitchen	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000568

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	699952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT

REQUEST

LF85330
Data Coding
50904517
09/29/15 2:35 PM

- **Sample Collection**
- FEE AMOUNTS ON TH... s form
  Fee amounts are subje... 0.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other School

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint
Mailing Address: 4500 N Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
Paul Bosak	9-28-15	640	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, (3)- Private Citizen, 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other)	System/Owner Name
Collection Site (Street Address): Powers Catholic School 1505 W. Court St.	Township (If known) / City of Flint; Section (If known)
City: Flint; County: Genesee	ZIP Code: 48503; Well (if more than one) Number
Sampling Point (kitchen, bath, etc.): Kitchen "prep" Sink	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000569

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	69995 2200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH! checks payable to **State of Michigan** Check # Amt. Encl.	

DEQ

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09/30/15 1:07 PM

LANSING
L QUALITY
ALYSIS

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- FEE AI... ...THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
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7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
NATE OLIVER	9/28/15	6:00	AM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, 3- Private Citizen, 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other)	System/Owner Name
3	CITY OF FLINT
Collection Site (Street Address): 704 GARLAND ST.	Township (If known) / Section (If known)
City: Flint; County: Genesee	ZIP Code: 48503; Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
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CAS	36ME	Arsenic	$18.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000570

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	699952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH! checks payable to **State of Michigan** Check # Amt. Encl.	

DEQ DRINKING WATER LABORATORY
DEPARTMENT OF ENVIRONMENTAL QUALITY

LF85602
Data Coding
50904810
09/30/15 1:07 PM

REQUE

- **Sample Collecti** this form
- FEE AMOUNTS ON ...AN. 1, 2010. Fee amounts are su... changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? [1] Yes [ ] No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	Mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-8537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
NATE OLIVER	9/28/15	6:00	

[ ] Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

[ ] Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, 3- Private Citizen, 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other)	System/Owner Name: City of Flint	
Collection Site (Street Address): 218 UNIVERSITY AVE	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (if known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000571

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	699952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT

REQUES

LF85603
Data Coding
50904810
09/30/15 1:07 PM

- **Sample Collecti** this form
- FEE AMOUNTS O 2010.
  Fee amounts are su
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	Mglasgow@CityofFlint.Com
Mailing Address: 4500 N Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
NATE OLIVER	9/28/15	6:00	AM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, 3- Private Citizen, 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other)	System/Owner Name
3	City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
605 GARLAND St (1)		

City	County	ZIP Code	Well (If more than one) Number
Flint	Genesee	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000572

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G99952200
Mailing Address	
PO Box 246	
City	State / Zip
Flint	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # / Amt. Encl.

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMENT OF ... TY

REQU... 5

LF85604
Data Coding
50904810
09/30/15 1:07 PM

- Sample Colle... : of this form
- FEE AMOUNTS ... . 1, 2010.
  Fee amounts ar...
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- 1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- 0 - Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- 4- Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address	Area Code & Phone number
4500 N. Dort Hwy	810-787-6537
City	State / ZIP Code
Flint	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
NATE OLIVER	9/28/15	6:00	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other → 2

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
605 GARLAND ST.		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
Flint	Genesee	48503
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
DRINKING FOUNTAIN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000573

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	699952200
Mailing Address: PO Box 246	
City: Flint	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # / Amt. Encl.

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTM... ENVIRONMENTAL QUALITY

REQUES...

LF85605
Data Coding
50904810
09/30/15 1:07 PM

- **Sample Collec...** ...f this form
- FEE AMOUNTS (... 1, 2010.
  Fee amounts are subject to ...
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? [X] Yes [ ] No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- 1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- 0 - Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- 4- Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
NATE OLIVER	9/28/15	6:00	

[ ] Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

Collection Site (Street Address): 705 GARLAND ST		System/Owner Name: City of Flint	
City: Flint	County: Genesee	Township (If known)	Section (If known)
Sampling Point (kitchen, bath, etc.): KITCHEN		ZIP Code: 48503	Well (If more than one) Number
		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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INSTRUCTIONS:
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26 XX
TOTAL OF ALL FEES ▸▸		$26 XX

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000574

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRIN DEP

REQ

LF85606
Data Coding
50904810
09/30/15 1:07 PM

IG ITY IS

- Sample Col ck of this form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MARIE BLACKWELL	9/28/15	2:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address)	Township (If known)	Section (If known)
2607 WALTER ST.		
City / County	ZIP Code	Well (If more than one) Number
FLINT / GENESEE	48504	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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INSTRUCTIONS:

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- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. Box 246	
City	State / Zip
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - LANSING
DEP ITY
REQ LF85607 IS
Data Coding
- Sample Col 50904810 ck of this form
- FEE AMOUN 09/30/15 1:07 PM AN. 1, 2010.
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date ~~Collected~~ REQ	Time Collected	*Circle One*
UNKNOWN	9/28/15		AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
UNKNOWN		
City / County	ZIP Code	Well (If more than one) Number
FLINT / GENESEE	4	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000576

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G99952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH! checks payable to **State of Michigan** Check # Amt. Encl.	

DEQ DRINKING WATER LABORATORY - LANSING
DEPAR[illegible] ENVIRONMENTAL QUALITY

REQU[illegible] S

LF85608
Data Coding
50904810
09/30/15
1:07 PM

- Sample Col[illegible] :k of this form
- FEE AMOUN[illegible] N. 1, 2010.
  Fee amounts a[illegible]
- PREPAYMENT OR DWL ACCOUNT NUM[illegible] EQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
BRIAN WALTS	9/25/15	1:30	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
125 E. UNION ST #1		

City	County	ZIP Code	Well (If more than one) Number
Flint	Genesee	48502	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000577

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	69952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY
LF85609
Data Coding
50904810
09/30/15 1:07 PM

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- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

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IVE JAN. 1, 2010.

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	Mglasgow@CityofFlint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
BRIAN WALTS	9/25/15	1:30	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
0	City of Flint
Collection Site (Street Address): 125 E. UNION ST #6	Township (If known) / Section (If known)
City: Flint; County: Genesee	ZIP Code: 48502; Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26 XX
TOTAL OF ALL FEES ▸▸		26 XX

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000578

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G99952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY DEPA[illegible]

REQU[illegible] LF85610

Data Coding 50904810

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- Sample Colle[illegible]
- FEE AMOUNTS[illegible] Fee amounts are[illegible] annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

[illegible] of this form [illegible]. 1, 2010.

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Gleasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ELIZABETH JORDAN	9/26/15	7:45	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
0	City of Flint
Collection Site (Street Address): 401 Burroughs Ave	Township (If known) / Section (If known)
City: Flint County: Genesee	ZIP Code: 48507 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000579

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G9995220O
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINK DEPA

LF85611
Data Coding
50904810

REQU

- Sample Coll 09/30/15 1:07 PM :k of this form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	Mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
NATE OLIVER	9/28/15	6 00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
224 FOURTH ST.		

City	County	ZIP Code	Well (If more than one) Number
Flint	Genesee	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
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INSTRUCTIONS:

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- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000580

BILLING INFORMATION *PLEASE PRINT*

Name: City of Flint	DWL Account Number
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY DEPARTMENT

REQUES

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Data Coding
50904810
09/30/15 1:07 PM

- **Sample Collecti** this form
- FEE AMOUNTS ON , 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
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5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
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7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name: Mike Glasgow	E-mail address: mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
KATRINA REAL	9/27/15	1:15	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name: City of Flint	
Collection Site (Street Address): 1939 LAUREL OAK DR.	Township (If known)	Section (If known)
City: Flint	County: Genesee	ZIP Code: 48507 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000581

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G9995 2200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTME

REQUES

LF85613
Data Coding
50904810

- Sample Collectio
- FEE AMOUNTS ON 03/30/15 1:07 PM
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

this form
2010.

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@CityofFlint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone Number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
STEPHANIE TRIMP	9/15/15	7:30	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
	City of Flint
Collection Site (Street Address): 4307 OGEMA AVE	Township (If known) / Section (If known)
City: Flint; County: Genesee	ZIP Code: 48507; Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000582

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	699952200
Mailing Address: PO 246	
City: Flint	State: MI / Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST | LF85614

Data Coding 50904810

- **Sample Collection I** ... s form
- FEE AMOUNTS ON TH ... 0.
  Fee amounts are subje 09/30/15 1:07 PM
- PREPAYMENT OR DWL ~~ACCOUNT~~ NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810 787-6537
City: Flint	State: MI / ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
MIKE KNIGHT	9/28/15	9:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
3	City of Flint	
Collection Site (Street Address): 528 S. LYNCH ST.	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000583

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST FOR WATER ANALYSIS

LF85615
Data Coding
50904810
09/30/15 1:07 PM

- **Sample Collectior** ...is form
- FEE AMOUNTS ON ... Fee amounts are sub ...010.
- PREPAYMENT OR D... FOR TESTING ...D

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	(✓) Yes ( ) No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-767-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
BETTY BRANSON	9/28/15	2:00	(PM)

( ) Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

( ) Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
	CITY OF FLINT
Collection Site (Street Address): 2717 CONCORD ST.	Township (If known) / Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48504 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
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NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

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- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000584

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	6999952200
Mailing Address	
PO Box 246	
City	State / Zip
Flint	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - LANSING
DEPAR TY
REQU LF85795 S
Data Coding
- Sample Colle 51000158 of this form
- FEE AMOUNTS 10/01/15 11:10 AM I. 1, 2010.
  Fee amounts ar
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address	Area Code & Phone number
4500 N. Dort Hwy	810-787-6537
City	State / ZIP Code
Flint	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
KENNETH BUCHLER	9/29/15	5:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
3	City of Flint	
Collection Site (Street Address)	Township (If known)	Section (If known)
2426 BASSETT PL.		
City / County	ZIP Code	Well (If more than one) Number
Flint / Genesee	48504	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	X
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000585

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G99952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH! checks payable to **State of Michigan** Check # Amt. Encl.	

DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST FOR WATER ANALYSIS

LF85796
Data Coding
51000158
10/01/15 11:10 AM

- **Sample Col** ...ck of this form
- FEE AMOUN... ...N. 1, 2010.
  Fee amounts
- PREPAYMEN... ...QUIRED
  FOR TESTIN...

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
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9 - Other

SAMPLE POINT - *Circle One*
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9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
FRANK BRAUN	9/29/15	8:15	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
2422 BASSETT PLACE		

City	County	ZIP Code	Well (If more than one) Number
Flint	Genesee	48504	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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CPB	36ME	Lead	$18.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000586

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G99952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY / DEPARTM...

LF85797
Data Coding
51000158
10/01/15 11:10 AM

REQUE...

- Sample Collecti... this form
- FEE AMOUNTS OI... , 2010. Fee amounts are su... changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	Maglasgow@cityoflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MELISSA WOOLDRIDGE	9/29/15	5:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
0	City of Flint
Collection Site (Street Address): 3729 Woodrow Ave	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code: 48506 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000587

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	699952200
Mailing Address PO Box 246	
City Flint	State MI Zip 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMENT OF ENVIRONMENTAL QUALITY

RE LF85798 'SIS

Data Coding 51000158

- Sample C ...ack of this form
- FEE AMOU Fee amoun 10/01/15 11:10 AM JAN. 1, 2010.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address 4500 N. Dort Hwy	Area Code & Phone number 810-787-6537
City Flint	State MI ZIP Code 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
NORMAN STONE	9/28/15	4:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
2430 BASSETT PL.		

City	County	ZIP Code	Well (If more than one) Number
Flint	Genesee	48504	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
BATHROOM	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000588

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G9995 2200
Mailing Address: PO 246	
City: Flint	State: MI Zip: 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINI DEPA REQU

LF85799 Data Coding 51000158

- Sample Coll 10/01/15 11:10 AM k of this form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@CityofFlint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810 787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
ANGELA LAWRENCE	9/29/15	5:30	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
City of Flint		
Collection Site (Street Address): 3617 CHURCHILL AVE	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G999952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ [illegible] WATER LABORATORY - LANSING [illegible]UALITY

LF85800
Data Coding
51000158
10/01/15 11:10 AM

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- Sample [illegible] e back of this form
- FEE AM[illegible] VE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☒ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort. Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
LINDA BANKS	9/29/15	6:40	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name: City of Flint
Collection Site (Street Address): 416 W. PULASKI	Township (If known): Section (If known):
City: Flint County: Genesee	ZIP Code: 48505 Well (If more than one) Number:
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known):

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000590

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G99952200
Mailing Address	
PO Box 246	
City	State / Zip
Flint	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRI DE! ...TORY - LANSING ...LITY

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LF85801
Data Coding
51000158
10/01/15 11:10 AM

- Sample (...back of this form
- FEE AMOUNTS ON THI... : JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
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2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

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6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address	Area Code & Phone Number
4500 N. Dort Hwy	810-787-6537
City	State / ZIP Code
Flint	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
LINDA BAAB	9/29/15	7:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
3	City of Flint	
Collection Site (Street Address)	Township (If known)	Section (If known)
1126 WOODSIDE DR.		
City / County	ZIP Code	Well (If more than one) Number
Flint / Genesee	48503	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000591

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G9995 2200
Mailing Address PO 246	
City Flint	State MI Zip 48505
DO NOT SEND CASH! checks payable to **State of Michigan** Check # Amt. Encl.	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REC LF85802 SIS

Data Coding 51000158

10/01/15 11:10 AM

- Sample C ack of this form
- FEE AMOU JAN. 1, 2010.
  Fee amou
- PREPAYMENT OR DWL A REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	Mglasgow@cityofflint.com
Mailing Address 4500 N. Dort Hwy	Area Code & Phone number 810-787-6535
City Flint	State MI ZIP Code 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
BENJAMIN ALLYN	9/29/15	9:45	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
Collection Site (Street Address) 1222 INGLESIDE AVE	Township (If known)	Section (If known)
City Flint / County Genesee	ZIP Code 48507	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000592

LF85856
Data Coding
51000175
10/01/15 12:46 PM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220C
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING W DEPARTMEI

REQUEST

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GNASGOW	MGNASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810-787-6537
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
PAUL FARVER	9/29/15	5:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1308 WALNUT		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

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- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000593

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. BOX 246	
City	State / Zip
FLINT	MI / 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WATER L ABOR... DEPARTMENT (

LF85857
Data Coding
51000175

REQUEST FC

- **Sample Collection Inst** 10/01/15 12:46 PM ...orm
- FEE AMOUNTS ON THIS F ...IVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	Area Code & Phone number
4500 N. DORT HWY	810 - 787-6537
City	State / ZIP Code
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	~~Circle One~~
PAUL FARVER	9/30/15	8:19	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1206 WILLOW ST.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000594

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DR… DE… LF85858 Data Coding 51000175 10/01/15 12:46 PM …ING …ALITY …SIS

RE(

- Sample Cc… …ack of this form
- FEE AMOUN… …ORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? [✓] Yes [ ] No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	~~Circle One~~ AM PM
HELEN R. HOYT	9/30/15	7:35	

[ ] Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2708 CRESTWOOD DR.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
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CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000595

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKIN DEPART

LF85859

REQUE

Data Coding 51000175

- **Sample Collect** 10/01/15 12:46 PM **f this form**
- FEE AMOUNTS O... ...FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
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5 - Untreated Private Well
6 - Treated/Softened Private Well
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SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
PATRICIA WARNER	9/30/15	7:00	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	**System/Owner Name**: CITY OF FLINT	
Collection Site (Street Address): 2721 COVENTRY CT.	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000596

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G999 52200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY DEPART

REQUE

LF85860

Data Coding

51000175

- Sample Collect
- FEE AMOUNTS C 10/01/15 12:46 PM
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

if this form

, 2010.

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
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SAMPLING PURPOSE - *Circle One*

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1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
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7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
LAWRANCE MORRISON	9/29/15	7:30	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
2319 BAGLEY		

City	County	ZIP Code	Well (If more than one) Number
Flint	Genesee	48504	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000597

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G99952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING DEPARTM... LABORATORY - LANSING

REQUES...

LF85861
Data Coding
51000175

- Sample Collect... 10/01/15 12:46 PM ...f this form
- FEE AMOUNTS O... , 2010.
  Fee amounts are subject to annual chang...
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810- 787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ARTHUR BURNS	9/30/15	6:10	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
	City of Flint	
Collection Site (Street Address): 4214 KELLAR AVE	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): BATHROOM	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCU8	36CC	$26.00
TOTAL OF ALL FEES ▸▸		

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000598

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G99952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING W DEPARTMEN

REQUEST I

LF85862
Data Coding
51000175

- **Sample Collection I** 10/01/15 12:48 PM ...s form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
KELLY BEARDSLEE	9/29/15	7:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name	
City of Flint	
Collection Site (Street Address): 605 CHANDLER	Township (If known) / Section (If known)
City: Flint	County: Genesee; ZIP Code: 48503; Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000599

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9952200
Mailing Address	
P.O. Box 246	
City	**State** / **Zip**
FLINT	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST FORM

LF85863
Data Coding
51000175
10/01/15 12:46 PM

- **Sample Collection Instructions**
- FEE AMOUNTS ON THIS FORM EFFECTIVE 10/01/2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	**For questions call us at:**
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	**Area Code & Phone number**
4500 N. DORT HWY	810-787-6537
City	**State** / **ZIP Code**
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
LUCIA TERRY-LANE	9/30/15	8:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
904 E. 7th ST		
City / **County**	**ZIP Code**	**Well (If more than one) Number**
FLINT / GENESEE	48503	
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000600

TA 145

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	0999952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

LF85929
Data Coding
51000302

- **Sample Collection Inst** 10/02/15 9:55 AM rm
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2015. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One AM PM)
TOM HUTCHINGS	9/30/15	6:11

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
0	City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
3120 Norwood DR.		

City	County	ZIP Code	Well (If more than one) Number
Flint	Genesee	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
BATHROOM	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
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INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000601

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G9952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48503
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT O

REQUEST FO

LF85930
Data Coding
51000302
10/02/15 9:55 AM

- **Sample Collection Inst** ...rm
- FEE AMOUNTS ON THIS F... Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? (1) Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MILES LAM	9/30/15	6:00	(AM) PM

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name: (City of Flint)	
Collection Site (Street Address): 2207 Hills St.	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
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CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000602

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G9995220O
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER
DEPARTMENT OF

REQUEST FOR

LF85931
Data Coding
51000302
10/02/15 9:55 AM

- **Sample Collection Instr**
- FEE AMOUNTS ON THIS FO
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One AM PM)
JAMES J KING	10/1/15	5:00

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name	
City of Flint	
Collection Site (Street Address): 1359 DONALDSON #2	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code: 48504 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): Bathroom	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000603

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G99952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WAT DEPARTMENT (

REQUEST F(

LF85932
Data Coding
51000302
10/02/15 9:55 AM

- **Sample Collection In:** form
- FEE AMOUNTS ON THIS Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
NICOLE WEDDINGTON	10/1/15	8:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
612 E. 3RD ST. APT #3		
City: Flint / County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000604

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99952200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT

REQUEST FORM

LF85933
Data Coding
51000302

- **Sample Collection In** 10/02/15 9:55 AM **form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE [illegible]. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
(9) Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
AMBER MILLER (B+G CLUB)	10/1/15	2:45	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3701 N. AVERILL AVE		
City: FLINT **County:** GENESEE	**ZIP Code:** 48506	**Well (if more than one) Number:**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known):**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G9995 2200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER ... DEPARTMENT OF ... LANSING

REQUEST FOR

LF85934
Data Coding
51000302
10/02/15 9:55 AM

- **Sample Collection Instr**
- FEE AMOUNTS ON THIS F...
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- 1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- 0 - Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- 4- Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6539
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
BENITA HOLIFIELD	10/1/15	6:05	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
819 KENSINGTON		

City	County	ZIP Code	Well (If more than one) Number
Flint	Genesee	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
		C
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000606

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	99952200
Mailing Address	
PO Box 246	
City	State / Zip
Flint	MI / 48502

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WATE DEPARTMENT C

REQUEST FC

LF85935
Data Coding
51000302

- **Sample Collection Ins** 10/02/15 9:55 AM orm
- FEE AMOUNTS ON THIS [illegible]
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	MGlasgow@cityofflint.com
Mailing Address	Area Code & Phone number
4500 N. Dort Hwy	810-787-6537
City	State / ZIP Code
Flint	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
HELEN R. HOYT	9/30/15	7:35	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name	
City of Flint	
Collection Site (Street Address)	Township (If known) / Section (If known)
2706 CRESTWOOD DR.	
City / County	ZIP Code / Well (If more than one) Number
Flint / Genesee	48503
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
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NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000607

TH 10/6

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	99952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH! checks payable to **State of Michigan** Check # Amt. Encl.	

DEQ DRINKING WA DEPARTMENT

REQUEST F

LF85936
Data Coding
51000302

- **Sample Collection I** 10/02/15 9:55 AM ; form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6557
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
JAMES J. KING	10/1/15	n/a	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)-Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
1359 DONALDSON ST.		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
Flint	Genesee	48504
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number** (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000608

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G9952200
Mailing Address PO Box 246	
City Flint	State MI Zip 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUES

LF85937

Data Coding
51000302

10/02/15 9:55 AM

- **Sample Collecti**
- FEE AMOUNTS O
  Fee amounts are s
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

this form 2010.

WSSN (Type I-II Public Water) or Pool Serial Number 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
(7) Pressure Tank/Plant Tap
9 Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address 4500 N. Dort Hwy	Area Code & Phone number 810-787-6537
City Flint	State MI ZIP Code 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One AM PM)
BRAD WEISSGERBER	9/30/15	6:30

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other		System/Owner Name: City of Flint
Collection Site (Street Address): 3705 WHITTIER AVE	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000609

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G9995220O
Mailing Address	
PO Box 246	
City	State / Zip
Flint	MI 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMENT

REQUEST F

LF85938
Data Coding
51000302

10/02/15 9:55 AM

- Sample Collection I
- FEE AMOUNTS ON TH
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

s form
0.

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address	Area Code & Phone number
4500 N. Dort Hwy	810-787-6539
City	State / ZIP Code
Flint	MI 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected
LESLIE DUDLEY	9/30/15	6:19 (Circle One: AM / PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)		System/Owner Name: City of Flint
Collection Site (Street Address): 3014 BEGOLE ST.	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): BATHROOM	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000610

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G99952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST F

LF85939
Data Coding
51000302
10/02/15 9:55 AM

- **Sample Collection li** ; form
- FEE AMOUNTS ON TH). Fee amounts are subje
- PREPAYMENT OR DWL ACCOUNT REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	maglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
THEODORE W. MOORE	10/1/15	5:15	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name: City of Flint	
Collection Site (Street Address): 4219 GREENLAWN DR.	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000611

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G99952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WA… DEPARTMEN… …ORATORY, LANSING

LF85940
Data Coding
51000302
10/02/15 9:55 AM

REQUEST

- **Sample Collection** … is form 10.
- FEE AMOUNTS ON T… Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	MGlasgow@CityOfFlint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone Number: 810-787-6537
City: Flint	State: MI ZIP Code: 48503

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One AM PM)
ROBERT FLEMING	10/1/15	9:00

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
602 W. STEWART		

City	County	ZIP Code	Well (If more than one) Number
Flint	Genesee	48505	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000612

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G9995220O
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH! checks payable to **State of Michigan** Check # Amt. Encl.	

DEQ DRINKING WATER LABORATORY - LANSING DEPARTMENT

REQUEST F

LF85941
Data Coding
51000302

- **Sample Collection I** ... s form
- FEE AMOUNTS ON TH 10/02/15 9:55 AM 0.
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? [✓] Yes [ ] No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
ZEB BROWN	10/1/15	1:30	

[ ] Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

[ ] Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name: City of Flint	
Collection Site (Street Address): 1329 WASHINGTON	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
		$
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G999522000
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST FC ...orm

LF85942
Data Coding
51000302
10/02/15 9:55 AM

- **Sample Collection Ins**
- FEE AMOUNTS ON THIS
  Fee amounts are subject
- PREPAYMENT OR DWL
  FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2510

Does sample contain chlorine? [x] Yes [ ] No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	Maglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One AM / PM)
DIANE MERRELL	10/1/15	2:35

[ ] Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

[ ] Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name: City of Flint	
Collection Site (Street Address): 533 MacDonald	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48507	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G9995 2200
Mailing Address: PO Box 2146	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY, LANSING DEPARTMENT

REQUEST F

LF85943
Data Coding
51000302
10/02/15 9:55 AM

- **Sample Collection** ... s form
- FEE AMOUNTS ON TH ... 10.
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- 1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- 0 - Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- 4- Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	MGlasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ALLEN PAUL WALLING	9/30/15	3:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
1210 KENSINGTON		
City: Flint / County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000615

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G99752200
Mailing Address: P.O. Box 246	
City: FLINT	State: MI Zip: 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST FO LF85944

- **Sample Collection Ins**
- FEE AMOUNTS ON THIS
  Fee amounts are subject t
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQ
  FOR TESTING

Data Coding 51000302
10/02/15 9:55 AM

orm

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
LORENE HAYNES	10/1/15	7:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
932 KENSINGTON AVE		
City: FLINT **County:** GENESEE	**ZIP Code:** 48503	**Well (If more than one) Number:**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known):**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000616

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G2995220C
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH! checks payable to **State of Michigan** Check # Amt. Encl.	

DEQ DRINKING WAT DEPARTMENT

REQUEST F

LF85945
Data Coding
51000302

- **Sample Collection I** 10/02/15 9:55 AM s form
- FEE AMOUNTS ON THIS FORM A... 0.
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
R.T. KAPLAN	10/1/15	1:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
G-3139 HOGARTH AVE #1		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48532	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
BACK DRINKING FOUNTAIN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000617

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G9995220O
Mailing Address	
P.O. Box 246	
City	**State** / **Zip**
FLINT	MI / 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING W DEPARTME

REQUEST

LF85946

Data Coding 51000302

10/02/15 9:55 AM

- **Sample Collectio** ... **his form**
- FEE AMOUNTS ON ... 010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? [✓] Yes [ ] No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	**Area Code & Phone number**
4500 N. DORT HWY	810-767-6537
City	**State** / **ZIP Code**
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
R.J. KAPLAN	10/1/15	1:00	AM (PM)

[ ] Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

[ ] Analyze my sample(s) even if received beyond the EPA specified hold time.

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
G-3139 HOGARTH #2		
City / **County**	**ZIP Code**	**Well (If more than one) Number**
FLINT / GENESEE	48532	
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
SCHOOL DRINKING FOUNTAIN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000618

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	G-9915 2200
Mailing Address: P.O. BOX 246	
City: FLINT	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - LANSING DEPARTMENT

REQUEST F LF85947

Data Coding 51000302

- **Sample Collection I** s form
- FEE AMOUNTS ON TH 10/02/15 9:55 AM 0.
  Fee amounts are subjec
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address: 4500 N. DORT HWY	Area Code & Phone number: 810-787-6537
City: FLINT	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
R.J. KAPLAN	10/1/15	1:00	(PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
G-3139 HOGARTH AVE #3		
City: FLINT **County**: GENESEE	**ZIP Code**: 48532	**Well (If more than one) Number**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number** (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000619

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G999 52200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER ... DEPARTMENT ... LABORATORY - LANSING

REQUEST F...

LF85948
Data Coding
51000302
10/02/15 9:55 AM

- **Sample Collection I...** ... form
- FEE AMOUNTS ON TH... Fee amounts are subject to annual ch... D.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. ... Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
ANGELA MATHES	9/28/15	6:30	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
1210 WALKER ST.		
City: Flint / County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000620

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	6999952200
Mailing Address	
PO Box 246	
City	State / Zip
Flint	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST F

LF85949
Data Coding
51000302
10/02/15 9:55 AM

- **Sample Collection In** form
- FEE AMOUNTS ON THI
  Fee amounts are subjec
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address	Area Code & Phone number
4500 N. Dort Hwy	810-787-6537
City	State / ZIP Code
Flint	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
DENNIS FULLER	9/30/15	6:55	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
3	City of Flint	
Collection Site (Street Address)	Township (If known)	Section (If known)
927 KENSINGTON AVE		
City / County	ZIP Code	Well (If more than one) Number
Flint / Genesee	48503	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
BATHROOM		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000621

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	6-9995-2200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER ... DEPARTMENT

REQUEST

LF85950
Data Coding
51000302

10/02/15 9:55 AM

- **Sample Collection** ... s form
- FEE AMOUNTS ON TH ... 10.
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone Number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
DENNIS FULLER	9/30/15	7:05	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
Collection Site (Street Address): 927 KENSINGTON AVE. #2	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000622

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	6991522200
Mailing Address	
PO Box 246	
City	State / Zip
Flint	MI 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST

LF85951
Data Coding
51000302
10/02/15 9:55 AM

- **Sample Collectior** ...is form
- FEE AMOUNTS ON ... 010.
  Fee amounts are sub...
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address	Area Code & Phone number
4500 N. Dort Hwy	810-787-6537
City	State / ZIP Code
Flint	MI 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One: AM / PM)
TODD KORPI	10/1/15	6:30

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
(3)	City of Flint	
Collection Site (Street Address)	Township (If known)	Section (If known)
1005 KENSINGTON AVE		
City / County	ZIP Code	Well (If more than one) Number
Flint / Genesee	48503	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
		$26.00
TOTAL OF ALL FEES ▸▸		

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000623

BILLING INFORMATION *PLEASE PRINT*

Name	DWS Account Number
City of Flint	G9995 2200
Mailing Address	
PO Box 246	
City	State / Zip
Flint	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST

LF85952
Data Coding
51000302

- **Sample Collectio**
- FEE AMOUNTS ON
  Fee amounts are sub
- PREPAYMENT OR E
  FOR TESTING

10/02/15 9:55 AM

his form
010.
D

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address	Area Code & Phone number
4500 N. Dort Hwy	810-787-6537
City	State / ZIP Code
Flint	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
JANICE TESSNER	10/1/15	3:30	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	City of Flint
Collection Site (Street Address)	Township (If known) / Section (If known)
1002 Kensington Ave. Apt #1	
City / County	ZIP Code / Well (If more than one) Number
Flint / Genesee	48503
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
Kitchen	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
CITY OF FLINT	699952200
Mailing Address	
P.O. BOX 246	
City	**State** / **Zip**
FLINT	MI / 48505

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING W... LABORATORY, LANSING
DEPARTME...

REQUEST

LF85953
Data Coding
51000302
10/02/15 9:55 AM

- **Sample Collectio** ...his form
- FEE AMOUNTS ON ...2010.
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	[Y] Yes [ ] No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
MIKE GLASGOW	MGLASGOW@CITYOFFLINT.COM
Mailing Address	**Area Code & Phone number**
4500 N. DORT HWY	810-787-6537
City	**State** / **ZIP Code**
FLINT	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected
FRANCES HOLMES	10/1/15	5:00 (Circle One: AM / PM)

[ ] Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

[ ] Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1006 KENSINGTON AVE		
City / **County**	**ZIP Code**	**Well (If more than one) Number**
FLINT / GENESEE	48503	
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000625

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G7900052200
Mailing Address	
PO Box 246	
City	State / Zip
Flint	MI / 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMENT O

REQUEST FO

LF85954
Data Coding
51000302

orm

- **Sample Collection Ins**
- FEE AMOUNTS ON THIS 10/02/15 9:55 AM
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address	Area Code & Phone number
4500 N. Dort Hwy	810-787-6537
City	State / ZIP Code
Flint	MI / 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
RON DAVIES	10/1/15	5:15	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	City of Flint
Collection Site (Street Address)	Township (If known) / Section (If known)
2309 PIERCE ST #2	
City / County	ZIP Code / Well (If more than one) Number
Flint / Genesee	48503
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
REFRIGERATOR	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000626

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	6299952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF

REQUEST FO

LF85955
Data Coding
51000302

- **Sample Collection Inst**
- FEE AMOUNTS ON THIS ! Fee amounts are subject to
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

10/02/15 9:55 AM

rm

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? [x] Yes [ ] No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6532
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
JOHN RYAN BISHOP	10/1/15	6:30	

[ ] Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

[ ] Analyze my sample(s) even if received beyond the EPA specified hold time.

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
1319 BEARD ST		
City: Flint / County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000627

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G99952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT [illegible]

REQUEST

LF85956
Data Coding
51000302
10/02/15 9:55 AM

- **Sample Collection** is form
- FEE AMOUNTS ON T 10.
  Fee amounts are subje
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2510

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	Mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
JOEL ARNOLD	9/23/15	7:15	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
1205 BLANCHARD		
City: Flint / County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	✓
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000628

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	6999572200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMENT ... QUALITY

REQUEST LF85957

Data Coding 51000302

10/02/15 9:55 AM

- **Sample Collection** ... this form
- FEE AMOUNTS ON ... 010.
  Fee amounts are subject to ...
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☒ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
JAIME CRAMER	10/1/15	5:30	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
	City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
1001 KENSINGTON AVE		

City	County	ZIP Code	Well (If more than one) Number
Flint	Genesee	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000629

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	599952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan**
	Check # Amt. Encl.

DEQ DRINKING WATE DEPARTMENT C

REQUEST FC

LF85958
Data Coding
51000302
10/02/15 9:55 AM

- **Sample Collection In** form
- FEE AMOUNTS ON THIS FORM
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2510	☒ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
DOUGLAS KNERR	10/1/15	6:30	AM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	City of Flint
Collection Site (Street Address): 540 S. SAGINAW ST.	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code: 48502 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000630

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G9995,2200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH! checks payable to **State of Michigan**	Check # Amt. Encl.

DEQ DRINKING WATE DEPARTMENT C

REQUEST FC

LF85959
Data Coding
51000302

- **Sample Collection Ins** 10/02/15 9:55 AM orm
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? ☑ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
SCHUYLER KELLEY	10/1/15	7:35	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
736 WALDHAN		
City: Flint / County: Genesee	ZIP Code: 48507	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000631

TT 10/6

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint	G9952200
Mailing Address: PO Box 246	
City: Flint	State: MI Zip: 48505
DO NOT SEND CASH!	checks payable to **State of Michigan** Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY, LANSING
DEPARTMENT OF

REQUEST FO rm

LF85960
Data Coding
51000302

10/02/15 9:55 AM

- **Sample Collection Inst**
- FEE AMOUNTS ON THIS I
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number: 2310

Does sample contain chlorine? [1] Yes [ ] No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
Mike Glasgow	mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy	Area Code & Phone number: 810-787-6537
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
Ron Davies	10/1/15	5:15	AM (PM)

[ ] Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

[ ] Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0- County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
Collection Site (Street Address): 2309 Pierce St	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code: 48503 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): Kitchen	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr: City of Flint G99952200 / SSN 2310 PO Box 246	
City: Flint, MI 48505	
Check#, if a: CCUB 36CC $26.00	

DEQ DRINKI DEPAR

LF86477

REQUE Data Coding 51000709

- FEE AMOUNTS (10/06/15 12:08 PM 1, 2010. Fee amounts are subject to annual changes.
- Sample Collection Instructions are on the back of this form
- **PREPAYMENT OR *APPROVED* DWL CREDIT ACCOUNT NUMBER IS REQUIRED FOR TESTING.**

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**DO NOT SEND CASH!**

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glagow 810-787-6537	Single Family Dwelling, Genesee Cnty
Mailing Addres: 4500 N. Dort Hwy.	Area Code & Ph: Purpose-Other / Sample has chlorine
City: Flint, MI 48505	State: Sample Point-Other / Private Citizen
mglasgow@cityofflint.com	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
KEVIN HAMMERMEISTER	10/2	2:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1461 S. DORT HWY #4		
City / **County**	**ZIP Code**	**Well (If more than one) Number**
FLINT / GENESEE	48503	
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
OTHER	MTA YR OFFICE	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Water Coliforms (Bacteriology) *30 hour hold time*	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron*	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) 12/2011)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000633

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address	City of Flint G99952200 / SSN 2310 PO Box 246
City	Flint, MI 48505 CCUB 36CC $26.00
Check#, if apl	

DEQ DRINKING WATER LABORATORY
DEPARTMENT OF

REQUE

LF86478
Data Coding
51000709
10/06/15 12:08 PM

- FEE AMOUNTS OI 2010.
  Fee amounts are su
- Sample Collection I back of this form
- **PREPAYMENT OR *APPROVED* DWL CREDIT ACCOUNT NUMBER IS REQUIRED FOR TESTING.**

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**DO NOT SEND CASH!**

SAMPLE SOURCE - ***Circle One***

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - ***Circle One***

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - ***Circle One***

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name		E-mail address	
	Mike Glagow 810-787-6537		Single Family Dwelling, Genesee Cnty
Mailing Addre	4500 N. Dort Hwy.	Area Code & Phor	Purpose-Other / Sample has chlorine
	Flint, MI 48505		Sample Point-Other / Private Citizen
City	mglasgow@cityofflint.com	State / ZIP	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
KEVIN HAMMERMEISTER	10/2/15	2:00	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*	0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	**System/Owner Name**	
		CITY OF FLINT	
Collection Site (Street Address)		Township (If known)	Section (If known)
1401 S. DORT HWY #3			
City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48503	
Sampling Point (kitchen, bath, etc.)		Site Code or Permit Number (If known)	
OTHER		GARAGE	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Water Coliforms (Bacteriology) *30 hour hold time*	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron*	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) 12/2011)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000634

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addres: City of Flint G99952200 / SSN 2310 PO Box 246	
City: Flint, MI 48505	
Check#, if a: CCUB 36CC $26.00	

DEQ DI DI LF86479 SING JALITY

RE Data Coding 51000709 /SIS

- FEE AMO 10/06/15 12:08 PM E JAN. 1, 2010.
  Fee amounts are subject
- Sample Collection Instructions are on the back of this form
- **PREPAYMENT OR *APPROVED* DWL CREDIT ACCOUNT NUMBER IS REQUIRED FOR TESTING.**

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**DO NOT SEND CASH!**

SAMPLE SOURCE - ***Circle One***

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - ***Circle One***

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - ***Circle One***

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glagow 810-787-6537	Single Family Dwelling, Genesee Cnty
Mailing Ad: 4500 N. Dort Hwy.	Area Code & Phone: Purpose-Other / Sample has chlorine
Flint, MI 48505	Sample Point-Other / Private Citizen
City: mglasgow@cityofflint.com	State / ZIP C: System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
KEVIN HAMMERMEISTER	10/2/15	2:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1401 S. DORT HWY #5		
City: FLINT / **County**: GENESEE	**ZIP Code**: 48503	**Well (If more than one) Number**
Sampling Point (kitchen, bath, etc.): OTHER	**Site Code or Permit Number (If known)**: ADMIN BASEMENT	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Water Coliforms (Bacteriology) *30 hour hold time*	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron*	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) 12/2011)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000635

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN 2310 PO Box 246	
City: Flint, MI 48505 CCUB 36CC $26.00	
Check#, if appl	

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMENT C

REQUEST FC

LF86480
Data Coding
51000709

10/06/15 12:08 PM

- **FEE AMOUNTS ON THIS** Fee amounts are subject
- Sample Collection Instructions are on the back
- **PREPAYMENT OR *APPROVED* DWL CREDIT ACCOUNT NUMBER IS REQUIRED FOR TESTING.**

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**DO NOT SEND CASH!**

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name: Mike Glagow 810-787-6537	E-mail address
Mailing Addi: 4500 N. Dort Hwy.	Area Code & Phone number
City: Flint, MI 48505	State / ZIP Code
mglasgow@cityofflint.com	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One: AM / PM)
JOHN H. WEST JR	10/3/15	6:15

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☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	**System/Owner Name**
Collection Site (Street Address): 3314 DEARBORN ST	Townsh: Single Family Dwelling, Genesee Cnty
City: FLINT / County: GENESEE / 48507	ZIP Co: Purpose-Other / Sample has chlorine Sample Point-Other / Private Citizen System Owner-City of Flint
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Cc

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Water Coliforms (Bacteriology) *30 hour hold time*	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron*	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) 12/2011)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000636

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing A City of Flint G99952200 / SSN 2310	
PO Box 246	
City Flint, MI 48505	
CCUB 36CC $26.00	
DO	
SEND CASH Check #	Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST F ANALYSIS

LF86481
Data Coding
51000709
10/06/15 12:08 PM

- **Sample Collection I** s form
- FEE AMOUNTS ON TI 0.
  Fee amounts are subj
- PREPAYMENT OR DW)
  FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at:** (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail addres	Single Family Dwelling, Genesee Cnty
Mailing Address	4500 N. Dort Hwy.	Area Code &	Purpose-Other / Sample has chlorine
	Flint, MI 48505		Sample Point-Other / Private Citizen
City	mglasgow@cityofflint.com	State	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
JERRY D. WEAVER	10/3/15	8:00	AM PM

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 3837 RISEDORPH AVE #2	Township (If known)	Section (If known)
City FLINT / County GENESEE	ZIP Code 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000637

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addres City of Flint G99952200 / SSN 2310 PO Box 246	
City Flint, MI 48505 CCUB 36CC $26.00	
DO NOT SEND CASH! Check #	Amt. Encl.

DEQ DRINKING WAT DEPARTMENT

REQUEST F

LF86482
Data Coding
51000709
10/06/15 12:08 PM

- Sample Collection I ; form
- FEE AMOUNTS ON TH 0.
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail addr
Mike Glagow 810-787-6537 4500 N. Dort Hwy.	Area Code /
Mailing / Flint, MI 48505	
City mglasgow@cityofflint.com	State

Single Family Dwelling, Genesee Cnty
Purpose-Other / Sample has chlorine
Sample Point-Other / Private Citizen
System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
LATISHYA MERRELL	10/2/15	6:00	AM PM

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): 1806 E. WEBSTER RD. LOT #168	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48505	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
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NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

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- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000638

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Ac City of Flint G99952200 / SSN 2310 PO Box 246	
City Flint, MI 48505 CCUB 36CC $26.00	
DO I SEND CASH! Check # Amt. Encl.	

DEQ ...ATER LABORATORY - LANSING
...AL QUALITY
LF86483
Data Coding
51000709
...IALYSIS

- Sar 10/06/15 12:08 PM ...the back of this form
- FEE ...CTIVE JAN. 1, 2010.
  Fee amounts are subject to annual ...
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mailing Mike Glagow 810-787-6537 4500 N. Dort Hwy.	Area Code & Phone	Single Family Dwelling, Genesee Cnty Purpose-Other / Sample has chlorine
City Flint, MI 48505 mglasgow@cityofflint.com	State ZIP	Sample Point-Other / Private Citizen System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One AM PM)
BEVERLY NEEDHAM	10/5/15	8:00

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): 1107 MASON ST #1	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing City of Flint G99952200 / SSN 2310 PO Box 246 City Flint, MI 48505 CCUB 36CC $26.00	

DO SEND CASH! Check # Amt. Encl.

DEQ DRINKING WATE DEPARTMENT O

LF86484
Data Coding
51000709

REQUEST FO

- **Sample Collection Inst** 10/06/15 12:08 PM **orm**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail addre
Mike Glagow 810-787-6537 Mailing Addre 4500 N. Dort Hwy. Flint, MI 48505 City mglasgow@cityofflint.com	Area Code & State

Single Family Dwelling, Genesee City
Purpose-Other / Sample has chlorine
Sample Point-Other / Private Citizen
System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
BEVERLY E. NEENHAM	10/5/15	8:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
	CITY OF FLINT	
Collection Site (Street Address) 1107 MASON ST. #2	Township (If known)	Section (If known)
City FLINT / County GENESEE	ZIP Code 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN (FILTERED)	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000640

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addl: City of Flint G99952200 / SSN 2310 PO Box 246	
City: Flint, MI 48505 CCUB 36CC $26.00	
DO NO SEND CASH!	Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY
DEPARTMENT OF

REQUEST FOR

LF86485
Data Coding
51000709

- **Sample Collection Instru** n
- FEE AMOUNTS ON THIS FO 10/06/15 12:08 PM
  Fee amounts are subject to an changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mailing Adc: Mike Glagow 810-787-6537 4500 N. Dort Hwy. Flint, MI 48505	Area Code & P	Single Family Dwelling, Genesee City Purpose-Other / Sample has chlorine Sample Point-Other / Private Citizen System Owner-City of Flint
City: mglasgow@cityofflint.com	State	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
JERRY D. WEAVER	10/4/15	8:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): 3837 RISEDORPH AVE #1	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): OTHER	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000641

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addi: City of Flint G99952200 / SSN 2310 PO Box 246	
City: Flint, MI 48505 CCUB 36CC $26.00	
DO NO... SEND CASH! Check #	Amt. Encl.

DEQ DRINKING WATER LABORATORY - LANSING

LF86486

Data Coding 51000709

10/06/15 12:08 PM

- Sampl... ...e back of this form
- FEE AM... ...IVE JAN. 1, 2010. Fee am...
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail addre
Mike Glagow 810-787-6537	Single Family Dwelling, Genesee Cnty
Mailing Addre: 4500 N. Dort Hwy.	Area Code & Purpose-Other / Sample has chlorine
Flint, MI 48505	Sample Point-Other / Private Citizen
City: mglasgow@cityofflint.com	State System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
WAYNE A. PARTRIDGE	10/5/15	8:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
CITY OF FLINT		
Collection Site (Street Address): 1563 BRADLEY AVE.	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000642

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing A: City of Flint G99952200 / SSN 2310 PO Box 246	
City: Flint, MI 48505 CCUB 36CC $26.00	
DO SEND CASH! Check # Amt. Encl.	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST FO LF86487

- **Sample Collection Ins**
- FEE AMOUNTS ON THIS
  Fee amounts are subject t 10/06/15 12:08 PM
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQ
  FOR TESTING

Data Coding 51000709

orm

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at:** (517) 335-8184

SAMPLE SOURCE - ***Circle One***

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - ***Circle One***

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - ***Circle One***

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glagow 810-787-6537	
Mailing Ad: 4500 N. Dort Hwy.	Area Code & Phone
City: Flint, MI 48505	State / ZIP
mglasgow@cityofflint.com	

Single Family Dwelling, Genesee Cnty
Purpose-Other / Sample has chlorine
Sample Point-Other / Private Citizen
System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ELIZABETH IRELAND-CURTIS	10/3/15	8:10	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
815 BRADLEY AVE		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48503
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number** (If known)	
BATHROOM		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000643

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Ad City of Flint G99952200 / SSN 2310	
PO Box 246	
City Flint, MI 48505	
CCUB 36CC $26.00	
DO N	
SEND CASH! Check #	Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

RE(LF86488 SIS

Data Coding 51000709

- Sample C ...ack of this form
- FEE AMOU 10/06/15 12:08 PM JAN. 1, 2010.
  Fee amounts ...
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glagow 810-787-6537	
Mailing Address 4500 N. Dort Hwy.	Area Code & Phone
Flint, MI 48505	
City mglasgow@cityofflint.com	State Z

Single Family Dwelling, Genesee Cnty
Purpose-Other / Sample has chlorine
Sample Point-Other / Private Citizen
System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
BEVERLY E. NEEDHAM	10/5/15	10:00	

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
	CITY OF FLINT	
Collection Site (Street Address) 1115 MASON ST	Township (If known)	Section (If known)
City FLINT / County GENESEE	ZIP Code 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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CAS	36ME	Arsenic	$18.00	
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CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000644

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Ad: City of Flint G99952200 / SSN 2310 PO Box 246	
City: Flint, MI 48505 CCUB 36CC $26.00	
DO N SEND CASH! Check # Amt. Encl.	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUES

LF86489
Data Coding
51000709
10/06/15 12:08 PM

- **Sample Collecti** this form
- FEE AMOUNTS ON 2010.
  Fee amounts are su
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at:** (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFO *PLEASE PRINT* NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail ad
Mike Glagow 810-787-6537 4500 N. Dort Hwy.	Single Family Dwelling, Genesee City Purpose-Other / Sample has chlorine
Mailing Address: Flint, MI 48505 mglasgow@cityofflint.com	Area Cod: Sample Point-Other / Private Citizen System Owner-City of Flint
City	State

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
LARA DANIEL	10/5/15	1:17	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 2319 BAGLEY ST.	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000645

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint G99952200 / SSN 2310	
Mailing Ad PO Box 246	
Flint, MI 48505	
City CCUB 36CC $26.00	

DO NOT SEND CASH! Check # Amt. Encl.

DEQ DRINKI DEPART

REQUE

LF86490
Data Coding
51000709

- Sample Collecti 10/06/15 12:08 PM
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER IN[illegible] WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT

Name	E-mail address
Mike Glagow 810-787-6537	
Mailing Addres 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City mglasgow@cityofflint.com	State ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected
JUDITH TROMBLEY	10/3/15	7:30 (Circle One: AM / PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

Syster

Collection Site (Street Address): 2522 NOLEN DR.

Towns

City: FLINT County: GENESEE ZIP C[illegible] 48504 (Circle One)

Sampling Point (kitchen, bath, etc.): KITCHEN

Site Code or Permit Number (If known)

Single Family Dwelling, Genesee City
Purpose-Other / Sample has chlorine
Sample Point-Other / Private Citizen
System Owner-City of Flint

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000646

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre City of Flint G99952200 / SSN 2310 PO Box 246	
City Flint, MI 48505 CCUB 36CC $26.00	
DO NC SEND CASH! Check #	Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMEN

REQUEST LF86491

Data Coding

- **Sample Collection** 51000709 iis form
- FEE AMOUNTS ON T 10/06/15 12:08 PM)10.
  Fee amounts are subje
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at:** (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mailing Ad Mike Glagow 810-787-6537 4500 N. Dort Hwy. Flint, MI 48505	Area Code & Phone	Single Family Dwelling, Genesee Cnty Purpose-Other / Sample has chlorine Sample Point-Other / Private Citizen System Owner-City of Flint
City mglasgow@cityofflint.com	State ZIP	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MARJORIE RIBEOUT	10/3/15	5:15	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name
	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3402 HAWTHORNE DR.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES »		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint G99952200 / SSN 2310	
Mailing Ad PO Box 246	
City Flint, MI 48505	
CCUB 36CC $26.00	
DO N… SEND CASH! Check #	Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUES LF86492

- **Sample Collecti** **Data Coding** this form
- FEE AMOUNTS ON 51000709 2010.
  Fee amounts are st 10/06/15 12:08 PM
- PREPAYMENT OR … (ED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at:** (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glagow 810-787-6537		Single Family Dwelling, Genesee Cnty
Mailing 4500 N. Dort Hwy.	Area Code & Phone	Purpose-Other / Sample has chlorine
Flint, MI 48505		Sample Point-Other / Private Citizen
City mglasgow@cityofflint.com	State ZIP	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
NANCY HARDIN	10/5/15	8:30	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other		System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): 3005 THOM		Township (If known)	Section (If known)
City: FLINT	County: GENESEE	ZIP Code: 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000648

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addres: City of Flint G99952200 / SSN 2310 PO Box 246	
City: Flint, MI 48505 CCUB 36CC $26.00	
DO NOT SEND CASH! Check #	Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIR

REQUEST FOR W/

LF86493
Data Coding
51000709
10/06/15 12:08 PM

- **Sample Collection Instructic**
- FEE AMOUNTS ON THIS FORM
  Fee amounts are subject to annua
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at:** (517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- 1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- 0 - Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- 4- Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glagow 810-787-6537	
Mailing: 4500 N. Dort Hwy.	Area Code & Pr
Flint, MI 48505	
City: mglasgow@cityofflint.com	State

Single Family Dwelling, Genesee Cnty
Purpose-Other / Sample has chlorine
Sample Point-Other / Private Citizen
System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	~~Circle One~~ AM PM
BETH L. BELL	10/4/15	12:45	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 1410 BLUEBERRY LN	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code 48507	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
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CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000649

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre City of Flint G99952200 / SSN 2310 PO Box 246	
City Flint, MI 48505 CCUB 36CC $26.00	
DO NO SEND CASH! Check #	Amt. Encl.

DEQ DRINKING WATEF DEPARTMENT OF

LF86494 Data Coding 51000709 10/06/15 12:08 PM

REQUEST FC ...orm

- **Sample Collection In...**
- FEE AMOUNTS ON THIS FORM ARE ... Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Addr	4500 N. Dort Hwy.	Area Code & Phone nu	Purpose-Other / Sample has chlorine
City	Flint, MI 48505 mglasgow@cityofflint.com	State / ZIP Cod	Sample Point-Other / Private Citizen System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
GEORGE ICKE	10/5/15	7:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): 1216 E. COURT ST.	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000650

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
City of Flint G99952200 / SSN 2310	
Mailing A PO Box 246	
City Flint, MI 48505	
CCUB 36CC $26.00	

DO NOT SEND CASH! Check # Amt. Encl.

DEQ DRINKING WAT DEPARTMENT

REQUEST F

LF86495 Data Coding 51000709 10/06/15 12:08 PM

- Sample Collection In... s form 10.
- FEE AMOUNTS ON THIS FORM ARE E... Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glagow 810-787-6537	Single Family Dwelling, Genesee Cnty
Mailing Ac 4500 N. Dort Hwy.	Area Code & Ph Purpose-Other / Sample has chlorine
City Flint, MI 48505	State Sample Point-Other / Private Citizen
mglasgow@cityofflint.com	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
JEY HALL	10/3/15	10:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): 1715 KANSAS AVE	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

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- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000651

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Ad(City of Flint G99952200 / SSN 2310	
PO Box 246	
City Flint, MI 48505	
CCUB 36CC $26.00	
DO N SEND CASH! Check #	Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

LF86496
Data Coding
51000709

- **Sample Collection Instru** 10/06/15 12:08 PM .m
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at:** (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glagow 810-787-6537		Single Family Dwelling, Genesee Cnty
Mailing 4500 N. Dort Hwy.	Area Code & Phoi	Purpose-Other / Sample has chlorine
Flint, MI 48505		Sample Point-Other / Private Citizen
City mglasgow@cityofflint.com	State ZI	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
ANN VECCHIARELLI	10/4/15	10:25	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other		**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 3009 THOM ST.		Township (If known)	Section (If known)
City FLINT	County GENESEE	ZIP Code 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000652

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Add City of Flint G99952200 / SSN 2310 PO Box 246	
City Flint, MI 48505 CCUB 36CC $26.00	
DO N SEND CASH! Check #	Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST FOR WATER ANALYSIS

- **Sample Collection In** … **form**
- FEE AMOUNTS ON THI
  Fee amounts are subject
- PREPAYMENT OR DWL
  FOR TESTING

LF86497
Data Coding
51000709
10/06/15 12:08 PM

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glagow 810-787-6537	Single Family Dwelling, Genesee Cnty
Mailing Add 4500 N. Dort Hwy.	Area Code & Ph Purpose-Other / Sample has chlorine
Flint, MI 48505	Sample Point-Other / Private Citizen
City mglasgow@cityofflint.com	State Z System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
CHLOE DEPEW	9/30/15	11:23	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)-Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3309 MILLER RD		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES »		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000653

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Ad: City of Flint G99952200 / SSN 2310	
PO Box 246	
City: Flint, MI 48505	
CCUB 36CC $26.00	
DO N	
SEND Cash: Check #	Amt. Encl.

DEQ DRINKING WATER LABORATORY
DEPARTMENT OF

LF86498
Data Coding
51000709

REQUEST FOR

- **Sample Collection Instr**
- FEE AMOUNTS ON THIS FO 10/06/15 12:06 PM m
  Fee amounts are subject to a... changes. ..., 2010.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
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9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glagow 810-787-6537	Single Family Dwelling, Genesee Cnty
Mailing Addre: 4500 N. Dort Hwy.	Area Code & P: Purpose-Other / Sample has chlorine
Flint, MI 48505	Sample Point-Other / Private Citizen
City: mglasgow@cityofflint.com	State: System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
RICHARD BOURGEOIS	10/3/15	3:30	AM PM

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3201 COLORADO AVE		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48506	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000654

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Add: City of Flint G99952200 / SSN 2310 PO Box 246	
City: Flint, MI 48505 CCUB 36CC $26.00	
DO N... SEND CASH! Check #	Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST FOR WATER ... orm

LF86499
Data Coding
51000709
10/06/15 12:08 PM

- **Sample Collection Ins**
- FEE AMOUNTS ON THIS
  Fee amounts are subject t
- PREPAYMENT OR DWL
  FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at:** (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail addre
Mike Glagow 810-787-6537	Single Family Dwelling, Genesee Cnty
Mailing Addr: 4500 N. Dort Hwy.	Area Code & Purpose-Other / Sample has chlorine
Flint, MI 48505	Sample Point-Other / Private Citizen
City: mglasgow@cityofflint.com	State System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
GLENN THOMAS	10/4/15	7:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	**System/Owner Name**	
Collection Site (Street Address): UNKNOWN	Township (If known)	Section (If known)
City / County	ZIP Code	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000655

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Add City of Flint G99952200 / SSN 2310 PO Box 246	
City Flint, MI 48505 CCUB 36CC $26.00	
DO N SEND CASH! Check #	Amt. Encl.

DEQ DRINKING WATER LABORATORY
DEPARTMENT OF ENV

LF86500
Data Coding
51000709

REQUEST FOR W

- **Sample Collection Instructio**
- FEE AMOUNTS ON THIS FORM A 10/06/15 12:08 PM 1, 2010.
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mailing Ad Mike Glagow 810-787-6537 4500 N. Dort Hwy.	Area Code & Ph	Single Family Dwelling, Genesee Cnty Purpose-Other / Sample has chlorine
City Flint, MI 48505 mglasgow@cityofflint.com	State	Sample Point-Other / Private Citizen System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
UNKNOWN	9/30/15	6:15	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (6- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): UNKNOWN	Township (If known)	Section (If known)
City / County	ZIP Code	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000656

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN 2310 PO Box 246	
City: Flint, MI 48505	
Check#, if appli: CCUB 36CC $26.00	

DEQ DRINKING W DEPARTME

REQUEST

LF86501
Data Coding
51000709

10/06/15 12:08 PM

- **FEE AMOUNTS ON** .010. Fee amounts are sub
- Sample Collection Instructions are on the back of this form
- **PREPAYMENT OR *APPROVED* DWL CREDIT ACCOUNT NUMBER IS REQUIRED FOR TESTING.**

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**DO NOT SEND CASH!**

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glagow 810-787-6537	Single Family Dwelling, Genesee Cnty
Mailing Addr: 4500 N. Dort Hwy.	Area Code & Phol: Purpose-Other / Sample has chlorine
City: Flint, MI 48505	State / ZI: Sample Point-Other / Private Citizen
	mglasgow@cityofflint.com System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
MATT MILLER	9/30/15	2:30	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2400 N. SAGINAW BLDG C		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48505	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Water Coliforms (Bacteriology) *30 hour hold time*	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron*	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) 12/2011)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000657

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing / City of Flint G99952200 / SSN 2310	
PO Box 246	
City Flint, MI 48505	
CCUB 36CC $26.00	
DO	
SEND CASH! Check #	Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

REQUEST FOR

LF86502
Data Coding
51000709

- **Sample Collection Instru** 10/06/15 12:08 PM .m
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail a
Mike Glagow 810-787-6537	Single Family Dwelling, Genesee Cnty
4500 N. Dort Hwy.	Purpose-Other / Sample has chlorine
Mailing Add Flint, MI 48505	Area Co Sample Point-Other / Private Citizen
City mglasgow@cityofflint.com	State System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
PAULINE ISOM	10/2/15	12:30	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
920 W. GENESEE ST		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48504	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
BATHROOM	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000658

LF86503
Data Coding
51000709
10/06/15 12:08 PM

BILLING INFORMATION *PLEASE PRINT*

Name | DWL Account Number

Mailing Ad: City of Flint G99952200 / SSN 2310
PO Box 246
City: Flint, MI 48505
CCUB 36CC $26.00
DO N
SEND C... | Check # | Amt. Encl.

DEQ DRINKING WATER
DEPARTMENT OF E

REQUEST FOR

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number | Does sample contain chlorine? ☐ Yes ☐ No | **For questions call us at: (517) 335-8184**

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name: Mike Glagow 810-787-6537
Mailing A: 4500 N. Dort Hwy.
City: Flint, MI 48505
mglasgow@cityofflint.com
E-mail address
Area Code & Phc
State | Zi

Single Family Dwelling, Genesee Cnty
Purpose-Other / Sample has chlorine
Sample Point-Other / Private Citizen
System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name: LEWIS BECOATS | Date Collected: 10/2/15 | Time Collected: 3:00 | *Circle One* AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address): 1861 SPRINGFIELD ST
Township (If known)
Section (If known)
City: FLINT
County: GENESEE
ZIP Code: 48503
Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN
Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000659

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Add	City of Flint G99952200 / SSN 2310 PO Box 246
City	Flint, MI 48505 CCUB 36CC $26.00
DO N SEND CASH!	Check # Amt. Encl.

DEQ DRINKING WATER LABOR
DEPARTMENT OF ENVIR(

REQUEST FOR WA

LF86504
Data Coding
51000709
10/06/15 12:08 PM

- **Sample Collection Instructions a**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at:** (517) 335-8184

SAMPLE SOURCE - ***Circle One***

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - ***Circle One***

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - ***Circle One***

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Addre	4500 N. Dort Hwy.	Area Code & Ph	Purpose-Other / Sample has chlorine
City	Flint, MI 48505	State	Sample Point-Other / Private Citizen
	mglasgow@cityofflint.com		System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ROSE M. STEVENS	10/1/15	6:30	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code ***Circle One*** 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)-Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other		**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 3802 PENBROOK LN		Township (If known)	Section (If known)
City FLINT	County GENESEE	ZIP Code 48507	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000660

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Adc City of Flint G99952200 / SSN 2310	
PO Box 246	
City Flint, MI 48505	
CCUB 36CC $26.00	
DO N SEND CASH! Check #	Amt. Encl.

DEQ DRINKING WATER LABO
DEPARTMENT OF ENVIF

REQUEST FOR WA

LF86505
Data Coding
51000709
10/06/15 12:08 PM

- **Sample Collection Instructions**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 20[illegible]. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at:** (517) 335-8184

SAMPLE SOURCE - ***Circle One***

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - ***Circle One***

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - ***Circle One***

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glagow 810-787-6537	Single Family Dwelling, Genesee Cnty
Mailing Adc 4500 N. Dort Hwy.	Area Code & Purpose-Other / Sample has chlorine
Flint, MI 48505	Sample Point-Other / Private Citizen
City mglasgow@cityofflint.com	State System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
RANDY KAUFMAN	10/2/15	7:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): 2801 YALE ST. #2	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000661

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address	City of Flint G99952200 / SSN 2310
	PO Box 246
City	Flint, MI 48505
	CCUB 36CC $26.00

DO NOT SEND CASH | Check # | Amt. Encl.

DEQ DRINKING WATER L
DEPARTMENT OF EN

LF86506
Data Coding
51000709
10/06/15 12:08 PM

REQUEST FOR W

- **Sample Collection Instructi** **...rse back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Address	4500 N. Dort Hwy.	Area Code & Phone	Purpose-Other / Sample has chlorine
City	Flint, MI 48505	State / ZIP	Sample Point-Other / Private Citizen
	mglasgow@cityofflint.com		System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
PAMELA WOODWARD	10/3/15	12:30	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*	0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)-Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name	
		CITY OF FLINT	
Collection Site (Street Address)		Township (If known)	Section (If known)
916 W. GENESEE ST			
City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48504	
Sampling Point (kitchen, bath, etc.)		Site Code or Permit Number (If known)	
BATHROOM			

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000662

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre City of Flint G99952200 / SSN 2310 PO Box 246	
City Flint, MI 48505 CCUB 36CC $26.00	
DO NC SEND CASH! Check # Amt. Encl.	

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMENT OF ENVIRONMENT

REQUEST FO

LF86507
Data Coding
51000709
10/06/15 12:08 PM

- **Sample Collection Instr** m
- FEE AMOUNTS ON THIS FO
  Fee amounts are subject to a
- PREPAYMENT OR DWL AC NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at:** (517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glagow 810-787-6537 4500 N. Dort Hwy. Flint, MI 48505 mglasgow@cityofflint.com	Area Code & Phc	Single Family Dwelling, Genesee Cnty Purpose-Other / Sample has chlorine Sample Point-Other / Private Citizen System Owner-City of Flint
City	State / ZI	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
RANDY KAUFMAN	10/2/15	6:55	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2801 YALE ST.		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48503
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
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CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000663

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr: City of Flint G99952200 / SSN 2310 PO Box 246	
City: Flint, MI 48505 CCUB 36CC $26.00	
DO N SEND CASH! Check # Amt. Encl.	

DEQ DRINKI DEPART

REQUE

LF86508
Data Coding
51000709
10/06/15 12:08 PM

- Sample Collecti ...ns are on the back of this form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
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SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
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4- Treated Public Distribution System
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6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glagow 810-787-6537	
4500 N. Dort Hwy.	Area Code & Phon
Mailing Addr: Flint, MI 48505	
mglasgow@cityofflint.com	
City	State / ZIP

Single Family Dwelling, Genesee Cnty
Purpose-Other / Sample has chlorine
Sample Point-Other / Private Citizen
System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MARKEDA JOHNSON	10/2/15	2:25	AM / PM

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
633 W. BISHOP AVE		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48505
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number (If known)**	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000664

LF86509
Data Coding
51000709
10/06/15
12:08 PM

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Add City of Flint G99952200 / SSN 2310 PO Box 246	
City Flint, MI 48505 CCUB 36CC $26.00	
DO N	
SEND CASH! Check #	Amt. Encl.

DEQ DRINKING WATER LABOF
DEPARTMENT OF ENVIR

REQUEST FOR WA

- **Sample Collection Instructions are on the back of this**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

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8 - Swimming pool or Spa
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SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
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6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Addr 4500 N. Dort Hwy.	Area Code & Phon	Purpose-Other / Sample has chlorine
City Flint, MI 48505	State / ZIP	Sample Point-Other / Private Citizen
mglasgow@cityofflint.com		System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MATT MILLER	9/30/15	2:30	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name CITY OF FLINT	
Collection Site (Street Address) 2400 N. SAGINAW BLDG G	Township (If known)	Section (If known)
City FLINT / County GENESEE	ZIP Code 48505	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000665

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr	City of Flint G99952200 / SSN 2310
	PO Box 246
City	Flint, MI 48505
	CCUB 36CC $26.00

DO NO
SEND CASH! Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QU

REQUEST FOR WA

LF86510
Data Coding
51000709
10/06/15 12:08 PM

- **Sample Collection Instruction**
- FEE AMOUNTS ON THIS FORM AR
  Fee amounts are subject to annual cl
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at:** (517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Addres	4500 N. Dort Hwy.	Area Code & Phon	Purpose-Other / Sample has chlorine
	Flint, MI 48505		Sample Point-Other / Private Citizen
City	mglasgow@cityofflint.com	State ZIP	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
PATRICIA LAM	10/2/15	7:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2429 KANSAS #1		
City	**County**	**ZIP Code** / **Well (If more than one) Number**
FLINT	GENESEE	48506
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number** (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000666

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre: City of Flint G99952200 / SSN 2310 PO Box 246	
City: Flint, MI 48505 CCUB 36CC $26.00	
DO NC SEND CASH!	Check # Amt. Encl.

DEQ DRINKING WATER LABOF
DEPARTMENT OF ENVIR

REQUEST FOR WA

LF86511
Data Coding
51000709
10/06/15 12:08 PM

- **Sample Collection Instruction**
- FEE AMOUNTS ON THIS FORM AR… JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Address	4500 N. Dort Hwy.	Area Code & Phone nu	Purpose-Other / Sample has chlorine
City	Flint, MI 48505	State / ZIP Cod	Sample Point-Other / Private Citizen
	mglasgow@cityofflint.com		System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
CLEVELAND DUDLEY	9/30/15	12:03	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): 3201 MILDRED ST	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48505	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000667

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addres: City of Flint G99952200 / SSN 2310 PO Box 246	
City: Flint, MI 48505 CCUB 36CC $26.00	
DO NO SEND CASH! Check #	Amt. Encl.

DEQ DRINKING WATER LAB
DEPARTMENT OF ENV

LF86512
Data Coding
51000709
10/06/15 12:08 PM

REQUEST FOR W

- **Sample Collection Instructio**
- FEE AMOUNTS ON THIS FORM / JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Addre	4500 N. Dort Hwy.	Area Code & Pho	Purpose-Other / Sample has chlorine
City	Flint, MI 48505	State / ZI	Sample Point-Other / Private Citizen
	mglasgow@cityofflint.com		System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
PATRICIA LAM	10/2/15	7:00	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): 2429 KANSAS #2	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): BATHROOM	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000668

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addres: City of Flint G99952200 / SSN 2310 PO Box 246	
City: Flint, MI 48505 CCUB 36CC $26.00	
DO NOT SEND CASH! Check # Amt. Encl.	

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMENT ... ENTAL QUALITY

LF86513
Data Coding
51000709

REQUEST F

- **Sample Collection** ... s form
- FEE AMOUNTS ON T. 10/06/15 12:08 PM ... 10.
  Fee amounts are subject to a...
- PREPAYMENT OR DWL ACCOUNT NUMBER ... FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glagow 810-787-6537	Single Family Dwelling, Genesee Cnty
Mailing Addre: 4500 N. Dort Hwy.	Area Code & Phone: Purpose-Other / Sample has chlorine
City: Flint, MI 48505	State / ZIP: Sample Point-Other / Private Citizen
mglasgow@cityofflint.com	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
MATT HILER	9/29/15	1:25	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 2400 N. SAGINAW ST. BLDG E	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48505	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) BATHROOM	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000669

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address	City of Flint G99952200 / SSN 2310
	PO Box 246
City	Flint, MI 48505
Check#, if applic	CCUB 36CC $26.00

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMEI [illegible] ENVIRONMENTAL QUALITY

REQUEST LF86514

Data Coding 51000709

10/08/15 12:08 PM

- **FEE AMOUNTS ON** [illegible] **2010.**
  Fee amounts are su
- Sample Collection In[illegible]
- **PREPAYMENT OR *APPROVED*** DWL CREDIT [illegible] **NUMBER IS REQUIRED FOR TESTING.**

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**DO NOT SEND CASH!**

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
	4500 N. Dort Hwy.		Purpose-Other / Sample has chlorine
Mailing Addres	Flint, MI 48505	Area Code & Pl	Sample Point-Other / Private Citizen
	mglasgow@cityofflint.com		System Owner-City of Flint
City		State	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
KEVIN HAMMERMEISTER	~~10/2~~ 10/2/15	2:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other		**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 1401 S. DORT HWY #1		Township (If known)	Section (If known)
City FLINT	County GENESEE	ZIP Code 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) OTHER		Site Code or Permit Number (If known) ADMIN BLDG 2nd FLOOR	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Water Coliforms (Bacteriology) *30 hour hold time*	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron*	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) 12/2011

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000670

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address	City of Flint G99952200 / SSN 2310 PO Box 246
City	Flint, MI 48505 CCUB 36CC $26.00
Check#, if appli	

DEQ DRINKING WATER LA
DEPARTMENT OF EN

LF86515
Data Coding
51000709

REQUEST FOR

- **FEE AMOUNTS ON THIS FC** 10/08/15 12:08 PM
  Fee amounts are subject to an
- Sample Collection Instructions are on the back of this form
- **PREPAYMENT OR *APPROVED* DWL CREDIT ACCOUNT NUMBER IS REQUIRED FOR TESTING.**

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**DO NOT SEND CASH!**

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Address	4500 N. Dort Hwy.	Area Code & Phone	Purpose-Other / Sample has chlorine
City	Flint, MI 48505	State / ZIP	Sample Point-Other / Private Citizen
	mglasgow@cityofflint.com		System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
PHYLLIS J. CLARK	10/2/15	7:00	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*	0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	**System/Owner Name**	
		CITY OF FLINT	
Collection Site (Street Address)		Township (If known)	Section (If known)
4905 CANTERBURY LN.			
City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48504	
Sampling Point (kitchen, bath, etc.)		Site Code or Permit Number (If known)	
KITCHEN			

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Water Coliforms (Bacteriology) *30 hour hold time*	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron*	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

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- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) 12/2011

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000671

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr	City of Flint G99952200 / SSN 2310
	PO Box 246
City	Flint, MI 48505
Check#, if	CCUB 36CC $26.00

DEQ DRINKING WATER LABO
DEPARTMENT OF ENVIR

REQUEST FOR WA

LF86516
Data Coding
51000709

10/06/15 12:08 PM

- **FEE AMOUNTS ON THIS FORM A**
  Fee amounts are subject to annual
- Sample Collection Instructions are on the back of this form
- **PREPAYMENT OR *APPROVED* DWL CREDIT ACCOUNT NUMBER IS REQUIRED FOR TESTING.**

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**DO NOT SEND CASH!**

SAMPLE SOURCE - ***Circle One***

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - ***Circle One***

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - ***Circle One***

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Addre	4500 N. Dort Hwy.	Area Code & Phone	Purpose-Other / Sample has chlorine
	Flint, MI 48505		Sample Point-Other / Private Citizen
City	mglasgow@cityofflint.com	State / ZIP C	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
KEVIN HAMMERMEISTER	10/2/15	2:00	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	**System/Owner Name**
3	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
1401 S. DORT HWY #2		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
OTHER	CAFE

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Water Coliforms (Bacteriology) *30 hour hold time*	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron*	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) 12/2011)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000672

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address	City of Flint G99952200 / SSN 2310
	PO Box 246
City	Flint, MI 48505
	CCUB 36CC $26.00
DO NOT SEND CASH!	Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY
DEPARTMENT OF E

REQUEST FOR

LF86517
Data Coding
51000709
10/06/15 12:08 PM

- **Sample Collection Instru**
- FEE AMOUNTS ON THIS FOI
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Addre	4500 N. Dort Hwy.	Area Code & Phc	Purpose-Other / Sample has chlorine
City	Flint, MI 48505	State Z	Sample Point-Other / Private Citizen
	mglasgow@cityofflint.com		System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
SUSAN GOMES	10/4/15	8:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2031 CROOKED LN.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000673

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre City of Flint G99952200 / SSN 2310 PO Box 246	
City Flint, MI 48505 CCUB 36CC $26.00	
DO NC SEND CASH! Check #	Amt. Encl.

DEQ DRINKING WATER LABORATO
DEPARTMENT OF ENVIRO

L#85518
Data Coding
51000709
10/06/15 12:08 PM

REQUEST FOR WA

- **Sample Collection Instructions** of this form
- FEE AMOUNTS ON THIS FORM ARE c JAN. 1, 2010. Fee amounts are subject to annual chang...
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at:** (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail addre
Mike Glagow 810-787-6537	Single Family Dwelling, Genesee Cnty
Mailing Addr 4500 N. Dort Hwy.	Area Code (Purpose-Other / Sample has chlorine
Flint, MI 48505	Sample Point-Other / Private Citizen
City mglasgow@cityofflint.com	State System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
KATHLEEN WILLIAMS	10/5/15	4:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other		**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 918 W. McCLELLAN ST		Township (If known)	Section (If known)
City FLINT	County GENESEE	ZIP Code 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000674

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addres: City of Flint G99952200 / SSN 2310	
City PO Box 246	
Flint, MI 48505	
DO NO CCUB 36CC $26.00	
SEND CA	

DEQ DRINKING WATER L[illegible]RATORY - LANSING
DEPARTMENT OF E

LF36519
Data Coding
51000709
10/06/15 12:08 PM

REQUEST FOR

- **Sample Collection Instr[illegible]** m
- FEE AMOUNTS ON THIS F[illegible]
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Address	4500 N. Dort Hwy.	Area Code & Phc	Purpose-Other / Sample has chlorine
City	Flint, MI 48505	State / Z	Sample Point-Other / Private Citizen
	mglasgow@cityofflint.com		System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
LINDA ANDERSON	10/6/15	8:30	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)		**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 4307 BERGER DR.		Township (If known)	Section (If known)
City FLINT	County GENESEE	ZIP Code 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000675

BILLING INFORMATION *PLEASE PRINT*

Name: City of Flint G99952200 / SSN 2310
Mailing Addres: PO Box 246
City: Flint, MI 48505
CCUB 36CC $26.00

DWL Account Number

DO NOT SEND CASH! Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTME

REQUEST LF86520

Data Coding 51000709

- Sample Collectio
- FEE AMOUNTS ON 10/06/15 12:08 PM
  Fee amounts are sub
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

his form
2010.

WSSN (Type I-II Public Water) or Pool Serial Number

Does sample contain chlorine? ☐ Yes ☐ No

For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name: Mike Glagow 810-787-6537
Mailing Addr: 4500 N. Dort Hwy.
City: Flint, MI 48505
E-mi: mglasgow@cityofflint.com
Area
Stat

Single Family Dwelling, Genesee Cnty
Purpose-Other / Sample has chlorine
Sample Point-Other / Private Citizen
System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DONALD A MARTIN	10/4/15	6:30	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address): 2100 KANSAS AVE
Township (If known):
Section (If known):
City: FLINT
County: GENESEE
ZIP Code: 48506
Well (If more than one) Number:
Sampling Point (kitchen, bath, etc.): KITCHEN
Site Code or Permit Number (If known):

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (07/2014)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000676

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre: City of Flint G99952200 / SSN 2310	
City PO Box 246	
Flint, MI 48505	
DO NO CCUB 36CC $26.00	
SEND CA	

DEQ DRINKING WATER LABORATORY
DEPARTMENT OF

REQUEST

LF86521
Data Coding
51000709
10/06/15 12:08 PM

- **Sample Collection** s form
- FEE AMOUNTS ON TH , 2010.
  Fee amounts are subjec anges.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at:** (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glagow 810-787-6537		Single Family Dwelling, Genesee Cnty
Mailing Addres 4500 N. Dort Hwy.	Area Code & Ph	Purpose-Other / Sample has chlorine
Flint, MI 48505		Sample Point-Other / Private Citizen
City mglasgow@cityofflint.com	State 2	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
SHARON COKELEY	10/6/15	7:30	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other		**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 1119 MASON ST.		Township (If known)	Section (If known)
City FLINT	County GENESEE	ZIP Code 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000677

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address	City of Flint G99952200 / SSN 2310
	PO Box 246
City	Flint, MI 48505
Check#, if ap	CCUB 36CC $26.00

DEQ DRINKING WATER LA... DEPARTM...

REQUES

LF87007
Data Coding
51001195
10/08/15 4:01 PM

2010.

- **FEE AMOUNTS ON** Fee amounts are sub...
- Sample Collection Ins...ions are on the back of this form
- **PREPAYMENT OR *APPROVED* DWL CREDIT ACCOUNT NUMBER IS REQUIRED FOR TESTING.**

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	**DO NOT SEND CASH!**
2310	☑ Yes ☐ No	

SAMPLE SOURCE - ***Circle One***

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - ***Circle One***

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - ***Circle One***

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name		E-mail address	
	Mike Glasgow 810-787-6537		Single Family Dwelling, Genesee Cnty
Mailing Addre	4500 N. Dort Hwy.	Area Code & Phoi	Purpose-Other / Sample has chlorine
	Flint, MI 48505		Sample Point-Other / Private Citizen
City	mglasgow@cityofflint.com	State / ZIP	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
ROBERT A. SIMPSON	10/8/15	7:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code ***Circle One*** 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
G-3376 BRANCH RD		
City: Flint **County:** Genesee	ZIP Code	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Water Coliforms (Bacteriology) *30 hour hold time*	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron*	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

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- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) 12/2011)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000678

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr: City of Flint G99952200 / SSN 2310 PO Box 246	
City: Flint, MI 48505	
Check#, if a: CCUB 36CC $26.00	

DEQ DRINKING WATER LABORATORY DEPARTMENT

REQUES LF87008

Data Coding 51001195

10/08/15 4:01 PM

- **FEE AMOUNTS ON** 2010.
  Fee amounts are sub
- Sample Collection Instructions are on the back of this form
- **PREPAYMENT OR *APPROVED* DWL CREDIT ACCOUNT NUMBER IS REQUIRED FOR TESTING.**

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	DO NOT SEND CASH!
2310	☑ Yes ☐ No	

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glasgow 810-787-6537		Single Family Dwelling, Genesee Cnty
Mailing Addr: 4500 N. Dort Hwy.	Area Code & Phc	Purpose-Other / Sample has chlorine
Flint, MI 48505		Sample Point-Other / Private Citizen
City: mglasgow@cityofflint.com	State / Zi	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
DANIEL SALAZAR	10/8/15	6:20	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
1112 BOARD ST.		

City	County	ZIP Code	Well (If more than one) Number
Flint	Genesee	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
MAIN BATHROOM	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Water Coliforms (Bacteriology) *30 hour hold time*	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron*	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) 12/2011

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000679

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr City of Flint G99952200 / SSN 2310 PO Box 246	
City Flint, MI 48505	
Check#, if CCUB 36CC $26.00	

DEQ DRINKING WATER LABORATORY
DEPARTMENT

REQUEST LF87009
Data Coding
51001195
10/08/15 4:01 PM

10.

- **FEE AMOUNTS ON T**
  Fee amounts are subje
- Sample Collection Instructions are on the back of this form
- **PREPAYMENT OR *APPROVED* DWL CREDIT ACCOUNT NUMBER IS REQUIRED FOR TESTING.**

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	**DO NOT SEND CASH!**
2310	☑ Yes ☐ No	

SAMPLE SOURCE - ***Circle One***

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - ***Circle One***

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - ***Circle One***

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glasgow 810-787-6537		Single Family Dwelling, Genesee Cnty
Mailing A 4500 N. Dort Hwy.	Area Code & P	Purpose-Other / Sample has chlorine
City Flint, MI 48505	State	Sample Point-Other / Private Citizen
mglasgow@cityofflint.com		System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
SUSAN HOPPE	10/7/15	6:46	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other		System/Owner Name City of Flint
Collection Site (Street Address) 719 KENSINGTON AVE	Township (If known)	Section (If known)
City Flint / County Genesee	ZIP Code 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Water Coliforms (Bacteriology) *30 hour hold time*	$16.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) 12/2011)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000680

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addres: City of Flint G99952200 / SSN 2310	
PO Box 246	
City: Flint, MI 48505	
CCUB 36CC $26.00	
Check#, if a	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST LF87010

Data Coding 51001195

- **FEE AMOUNTS ON** Fee amounts are sul 2010.
- Sample Collection Ir 10/08/15 4:01 PM
- **PREPAYMENT OR** *APPROVED* **IS REQUIRED FOR TESTING.** NUMBER

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	DO NOT SEND CASH!
2310	☑ Yes ☐ No	

SAMPLE SOURCE - ***Circle One***

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - ***Circle One***

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - ***Circle One***

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
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7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	Single Family Dwelling, Genesee Cnty
Mailing Ad 4500 N. Dort Hwy.	Area Code & Phone Purpose-Other / Sample has chlorine
Flint, MI 48505	Sample Point-Other / Private Citizen
City mglasgow@cityofflint.com	State ZIP C System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
GERALDINE ADKINS	10/8/15	8:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
3106 CLEMENT ST		

City	County	ZIP Code	Well (If more than one) Number
Flint	Genesee	48504	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Water Coliforms (Bacteriology) *30 hour hold time*	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron*	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	

TEST CODE	REQUIRED UNIT #	SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)	FEE	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) 12/2011)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000681

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN 2310	
City: PO Box 246 Flint, MI 48505	
DO NO: CCUB 36CC $26.00	
SEND C/	

DEQ DRINKING WATER LABORATORY DEPAR

REQUI LF87011 Data Coding 51001195

- Sample Collec ... of this form
- FEE AMOUNTS 10/08/15 4:01 PM ... 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Addi: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
DANIEL SALAZAR	10/8/15	6:25	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
0	City of Flint	
Collection Site (Street Address): 1112 BEARD ST.	Township (If known)	Section (If known)
City: FLINT / County: Genesee	ZIP Code: 48503	Well (if more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000682

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre	City of Flint G99952200 / SSN 2310
	PO Box 246
City	Flint, MI 48505
	CCUB 36CC $26.00
Check#, if a	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST LF87012

Data Coding
51001195

10.

- **FEE AMOUNTS ON TI**
  Fee amounts are subje
- Sample Collection Instr 10/08/15 4:01 PM
- **PREPAYMENT OR *APPROVED* DWL CREDIT ACCOUNT NUMBER IS REQUIRED FOR TESTING.**

WSSN (Type I-II Public Water) or Pool Serial Number 2310

Does sample contain chlorine? ☑ Yes ☐ No

DO NOT SEND CASH!

SAMPLE SOURCE - ***Circle One***

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - ***Circle One***

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - ***Circle One***

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name		E-mail address	
	Mike Glasgow 810-787-6537		Single Family Dwelling, Genesee Cnty
Mailing Ad	4500 N. Dort Hwy.	Area Code & Phc	Purpose-Other / Sample has chlorine
	Flint, MI 48505		Sample Point-Other / Private Citizen
City	mglasgow@cityofflint.com	State / ZI	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
JUDY HARRIS	10/8/15	8:20	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: City of Flint			
Collection Site (Street Address): 1107 Beach St.		Township (If known)	Section (If known)
City: Flint	County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Water Coliforms (Bacteriology) *30 hour hold time*	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron*	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) 12/2011

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr: City of Flint G99952200 / SSN ~~2310~~	
City: PO Box 246	
Flint, MI 48505	
DO N(CCUB 36CC $26.00	
SEND C:	

DEQ DRINKING WATEP… DEPARTMENT OI…

LF87013
Data Coding
51001195

REQUEST FO…

- **Sample Collection Inst… rm**
- FEE AMOUNTS ON THIS F… 10/08/15 4:01 PM
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glasgow 810-787-6537		Single Family Dwelling, Genesee Cnty
Mailing A: 4500 N. Dort Hwy.	Area Code & Phone	Purpose-Other / Sample has chlorine
Flint, MI 48505		Sample Point-Other / Private Citizen
City: mglasgow@cityofflint.com	State / ZIP	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
NANCY HAMPTON	10/8/15	12:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
City of Flint		
Collection Site (Street Address): 3001 HENRY ST.	Township (If known)	Section (If known)
City: FLINT / County: Genesee	ZIP Code: 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): UNKNOWN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000684

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr City of Flint G99952200 / SSN 2310 PO Box 246	
City Flint, MI 48505	
Check#, if CCUB 36CC $26.00	

DEQ DRINKING W… DEPARTMEI

LF87014
Data Coding
51001195

REQUEST

- **FEE AMOUNTS ON TH… 4:01 PM … 1, 2010.**
  Fee amounts are subjec 10/08/15 …anges.
- Sample Collection Instructions are on the back of this form
- **PREPAYMENT OR *APPROVED* DWL CREDIT ACCOUNT NUMBER IS REQUIRED FOR TESTING.**

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	**DO NOT SEND CASH!**
2310	☒ Yes ☐ No	

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glasgow 810-787-6537		Single Family Dwelling, Genesee Cnty
Mailing Adc 4500 N. Dort Hwy.	Area Code & Phone	Purpose-Other / Sample has chlorine
Flint, MI 48505		Sample Point-Other / Private Citizen
City mglasgow@cityofflint.com	State ZIP	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
CRAIG WOLCOTT	10/8/15	7:08	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
	City of Flint	
Collection Site (Street Address) 2131 SHERFF RD	Township (If known)	Section (If known)
City Flint / County Genesee	ZIP Code 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Water Coliforms (Bacteriology) *30 hour hold time*	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron*	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) 12/2011)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing City of Flint G99952200 / SSN 2310 PO Box 246 Flint, MI 48505 CCUB 36CC $26.00	

DEQ DRINKING W DEPARTME

LF87015

REQUEST Data Coding 51001195

- **Sample Collection** 10/08/15 4:01 PM **his form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537 4500 N. Dort Hwy. Flint, MI 48505 mglasgow@cityofflint.com	Area Code & Phone number
City	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected
HERBERT WASCHER	10/8/15 (DEC.)	*Circle One* AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name	
Collection Site (Street Address) 2818 EPSILON TR.	Township (If known)	Section (If known)
City Flint	County Genesee	ZIP Code 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000686

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr	City of Flint G99952200 / SSN ~~2310~~
City	PO Box 246
	Flint, MI 48505
DO NC	CCUB 36CC $26.00
SEND CA	

DEQ DRINK... DEPA... LF87016 Data Coding 51001195

REQU... ...Y

- Sample Colle... 10/08/15 4:01 PM ...of this form
- FEE AMOUNTS ...EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- 1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- 0 - Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- 4- Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glasgow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Addr	4500 N. Dort Hwy.	Area Code & Phor	Purpose-Other / Sample has chlorine
City	Flint, MI 48505	State / ZIP	Sample Point-Other / Private Citizen
	mglasgow@cityofflint.com		System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
JUDY HARRIS	10/8/15	8:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
1107 BEARD ST.		

City	County	ZIP Code	Well (If more than one) Number
Flint	Genesee	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
BASEMENT SINK	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000687

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address	City of Flint G99952200 / SSN 2310
	PO Box 246
City	Flint, MI 48505
	CCUB 36CC $26.00
Check#, if app	

DEQ DRINI DEPA LF87017 REQU Data Coding 51001195 TY

10/08/15 4:01 PM

- **FEE AMOUNTS** Fee amounts are subject to annual changes. **JAN. 1, 2010.**
- Sample Collection Instructions are on the back of this form
- **PREPAYMENT OR *APPROVED* DWL CREDIT ACCOUNT NUMBER IS REQUIRED FOR TESTING.**

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	DO NOT SEND CASH!
2310	☑ Yes ☐ No	

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glasgow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Adc	4500 N. Dort Hwy.	Area Code & Pho	Purpose-Other / Sample has chlorine
City	Flint, MI 48505	State / Zip	Sample Point-Other / Private Citizen
	mglasgow@cityofflint.com		System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
KIMBERLY LANDAAL	10/6/15	6:29	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
Collection Site (Street Address) 2602 REWANAGA PL.	Township (If known)	Section (If known)
City Flint / County Genesee	ZIP Code 48507	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Water Coliforms (Bacteriology) *30 hour hold time*	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron*	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) 12/2011)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000688

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre: City of Flint G99952200 / SSN 2310	
PO Box 246	
City: Flint, MI 48505	
Check#, if a: CCUB 36CC $26.00	

DEQ DRIN DEP REC

LF87018
Data Coding
51001195

10/08/15 4:01 PM

- FEE AMOUI ... JAN. 1, 2010.
  Fee amounts are subject to ann...
- Sample Collection Instructions are on the back of this form
- **PREPAYMENT OR *APPROVED* DWL CREDIT ACCOUNT NUMBER IS REQUIRED FOR TESTING.**

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	DO NOT SEND CASH!
2316	☑ Yes ☐ No	

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glasgow 810-787-6537		Single Family Dwelling, Genesee Cnty
Mailing Addre: 4500 N. Dort Hwy.	Area Code & P	Purpose-Other / Sample has chlorine
Flint, MI 48505		Sample Point-Other / Private Citizen
City: mglasgow@cityofflint.com	State	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
RUTH BLASSINGAME	10/8/15	8:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
3	City of Flint	
Collection Site (Street Address): 839 W. Alma	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48505	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): Kitchen	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Water Coliforms (Bacteriology) *30 hour hold time*	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron*	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) 12/2011)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000689

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / ~~SSN 2310~~	
City: PO Box 246	
DO NOT SEND CAS: Flint, MI 48505	Check #: CCUB 36CC $26.00

DEQ DRINKING WA… DEPARTMENT

REQUEST F…

LF87019 Data Coding 51001195

10/08/15 4:01 PM

- Sample Collection In… …this form
- FEE AMOUNTS ON THIS … EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glasgow 810-787-6537		Single Family Dwelling, Genesee Cnty
Mailing Ad: 4500 N. Dort Hwy.	Area Code & Phc	Purpose-Other / Sample has chlorine
City: Flint, MI 48505		Sample Point-Other / Private Citizen
mglasgow@cityofflint.com	State / Z	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
JEREMY SHUCK	10/5/15	3:00	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*	System/Owner Name
0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	City of Flint
Collection Site (Street Address): 501 W. KEARSLEY	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): UPSTAIRS BATHROOM	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
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INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000690

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN 2310	
City: PO Box 246	
Flint, MI 48505	
DO NOT SEND CAS: CCUB 36CC $26.00	

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST FOR WATER ANALYSIS

LF87020
Data Coding
51001195
10/08/15
4:01 PM

- Sample C… ck of this form
- FEE AMO… JAN. 1, 2010.
  Fee amounts a…
- PREPAYMENT OR DW… REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail addr…
Mike Glasgow 810-787-6537	Single Family Dwelling, Genesee Cnty
Mailing Address: 4500 N. Dort Hwy.	Purpose-Other / Sample has chlorine
Flint, MI 48505	Area Code & Sample Point-Other / Private Citizen
City: mglasgow@cityofflint.com	State System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
GERALDINE ADKINS	10/8/15	8:00	

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name: City of Flint	
Collection Site (Street Address): 3006 CLEMENT ST.	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): BATHROOM	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
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- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre: City of Flint G99952200 / SSN 2310 PO Box 246	
City: Flint, MI 48505	
Check#, if a: CCUB 36CC $26.00	

DEQ DRINKING WATER L… DEPARTME…

REQUE…

LF87021
Data Coding
51001195

10/08/15 4:01 PM

- **FEE AMOUNTS ON…** …AN. 1, 2010.
  Fee amounts are sub… …ges.
- Sample Collection Ins… …are on the back of this form
- **PREPAYMENT OR *APPROVED* DWL CREDIT ACCOUNT NUMBER IS REQUIRED FOR TESTING.**

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	**DO NOT SEND CASH!**
2310	(Yes) ☐ No	

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glasgow 810-787-6537 4500 N. Dort Hwy.	Area Code & Pl	Single Family Dwelling, Genesee Cnty Purpose-Other / Sample has chlorine Sample Point-Other / Private Citizen System Owner-City of Flint
Mailing Addre: Flint, MI 48505		
City: mglasgow@cityofflint.com	State	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One* AM PM
GARY HOPPE	10/7/15	8:45	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*				System/Owner Name
0 - County Personnel	1- Water Supply Operator	2- DEQ DW staff	(3- Private Citizen)	City of Flint
4 - DEQ Staff other than DW	6- MDA Staff	9- Other		

Collection Site (Street Address)	Township (If known)	Section (If known)
725 BLANCHARD AVE		
City / **County**	**ZIP Code**	**Well (If more than one) Number**
Flint / Genesee	48503	
Sampling Point (kitchen, bath, etc.)	**Site Code or Permit Number** (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Water Coliforms (Bacteriology) *30 hour hold time*	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron*	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN 2310	
City: PO Box 246	
Flint, MI 48505	
DO NOT SEND CAS: CCUB 36CC $26.00	

DEQ DRINKI DEPAR

LF87022
Data Coding
51001195

REQUE

- Sample Collec 10/08/15 4:01 PM of this form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	Single Family Dwelling, Genesee Cnty
Mailing Addre: 4500 N. Dort Hwy.	Area Code & P: Purpose-Other / Sample has chlorine
Flint, MI 48505	Sample Point-Other / ~~Private Citizen~~
City: mglasgow@cityofflint.com	State: System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
RANDY DELLAPOSTA	10/6/15	7:35	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
Collection Site (Street Address): 211 W. OAKLEY ST. #7	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code: 48503 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): ADMIN BASEMENT R.O.	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000693

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addres	
City of Flint G99952200 / SSN ~~2310~~	
City PO Box 246	
Flint, MI 48505	
DO NO CCUB 36CC $26.00	
SEND CA	

DEQ DRINKING WATER LABORATORY DEPARTMENT

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Data Coding
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10/08/15 4:01 PM

REQUEST I

- **Sample Collection I** form
- FEE AMOUNTS ON THI ... JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

~~0~~ - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	~~Single Family Dwelling, Genesee Cnty~~
N Mike Glasgow 810-787-6537		
Mailing Addr 4 4500 N. Dort Hwy.	Area Code & Phone n	~~Purpose-Other / Sample has chlorine~~
F Flint, MI 48505		~~Sample Point-Other / Private Citizen~~
City n mglasgow@cityofflint.com	State / ZIP Cc	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
RANDY DELLAPOSTA	10/6/15	6:52	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
	City of Flint
Collection Site (Street Address) 211 W. OAKLEY ST #6	Township (If known) / Section (If known)
City Flint / County Genesee	ZIP Code 48503 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) ADMIN. 2nd Floor R.O.	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000694

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN 2310	
City: PO Box 246 Flint, MI 48505	
DO NC CCUB 36CC $26.00 SEND CA	

DEQ DRINKIN(DEPARTI

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Data Coding
51001195

REQUE 10/08/15 4:01 PM

- Sample Collection Instructions are on t... of this form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
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9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glasgow 810-787-6537		Single Family Dwelling, Genesee Cnty
Mailing Address: 4500 N. Dort Hwy.	Area Code & Phc	Purpose-Other / Sample has chlorine
Flint, MI 48505		Sample Point-Other / Private Citizen
City: mglasgow@cityofflint.com	State / Zl	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One AM PM)
RANDY BELLAPOSTA	10/6/15	7:01 ~~6:52~~

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
0	City of Flint	
Collection Site (Street Address): 211 W. OAKLEY ST. #5	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): Admin 2nd Floor R.O.	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
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CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
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CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr	City of Flint G99952200 / SSN 2310
City	PO Box 246
	Flint, MI 48505
DO N	CCUB 36CC $26.00
SEND C	

DEQ DRINKI DEPAR

LF87025
Data Coding
51001195

REQUE

10/08/15 1:01 PM

- Sample Collect ... of this form
- FEE AMOUNTS O... ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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SAMPLING PURPOSE - *Circle One*

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SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glasgow 810-787-6537		Single Family Dwelling, Genesee Cnty
Mailing Addr 4500 N. Dort Hwy.	Area Code & Pho	Purpose-Other / Sample has chlorine
Flint, MI 48505		Sample Point-Other / Private Citizen
City mglasgow@cityofflint.com	State / ZIP	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle: AM PM
RANDY DELLAPOSTA	10/6/15	7:01	AM PM

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Collection Site (Street Address): 211 W. OAKLEY ST #4		Township (If known)	Section (If known)
City: Flint	County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): ADMIN BOARDROOM SINK		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
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TEST CODE	UNIT#	FEE
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TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000696

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN 2310	
City: PO Box 246	
Flint, MI 48505	
DO NO' CCUB 36CC $26.00	
SEND CA	

DEQ DRINKING W... DEPARTME... ...DW - LANSING

LF87026 Data Coding 51001195

REQUES...

- **Sample Collecti...** 10/08/15 4:01 PM **this form**
- FEE AMOUNTS ON THIS FO... 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Add	4500 N. Dort Hwy.	Area Code & Phor	Purpose-Other / Sample has chlorine
	Flint, MI 48505		Sample Point-Other / Private Citizen
City	mglasgow@cityofflint.com	State / ZIP	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
RANDY DELLAPOSTA	10/6/15	6:55	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other		**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 211 W. OAKLEY ST. #3		Township (If known)	Section (If known)
City: FLINT	County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) 2nd FLOOR SINK		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000697

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN 2310	
City: PO Box 246	
Flint, MI 48505	
DO NC CCUB 36CC $26.00	
SEND CA	

DEQ DRINKING DEPARTME

LF87027
Data Coding
51001195
10/08/15 4:01 PM

REQUEST ...the back of this form

- **Sample Collection**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at:** (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
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9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
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6 - Treated/Softened Private Well
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9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Addr	4500 N. Dort Hwy.	Area Code & Phone	Purpose-Other / Sample has chlorine
City	Flint, MI 48505	State / ZIP C	Sample Point-Other / Private Citizen
	mglasgow@cityofflint.com		System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
RANDY DELLAPOSTA	10/6/15	6:11	

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	**System/Owner Name**	
	CITY OF FLINT	
Collection Site (Street Address): 211 W. OAKLEY ST #2	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): MAIN. BREAKROOM SINK	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN ~~2310~~	
City: PO Box 246 Flint, MI 48505	
DO I: CCUB 36CC $26.00	
SEND (	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQU 'S

LF87028

Data Coding 51001195

- Sample Coll k of this form
- FEE AMOUNT N. 1, 2010.
  Fee amounts a 10/08/15 4:01 PM
- PREPAYMENT OR DWL A QUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- 1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
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- 9 - Other

SAMPLING PURPOSE - *Circle One*
- 0 - Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- 4- Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glasgow 810-787-6537	E-mail addre	Single Family Dwelling, Genesee Cnty
Mailing Address	4500 N. Dort Hwy.	Area Code &	Purpose-Other / Sample has chlorine
City	Flint, MI 48505	State	Sample Point-~~Other~~ / Private Citizen
	mglasgow@cityofflint.com		System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
RANDY DELLAPOSTA	10/6/15	6:15	~~AM~~ PM

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other		System/Owner Name: City of Flint	
Collection Site (Street Address): 211 W. OAKLEY ST #1		Township (If known)	Section (If known)
City: Flint	County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): MAINT. LUNCH AREA SINK		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000699

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / ~~SSN 2310~~	
City: PO Box 246 Flint, MI 48505	
DO NOT SEND CAS: CCUB 36CC $26.00	

DEQ DRINKING WATER LABORATORY, LANSING
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST FORM

LF87029
Data Coding
51001195
10/06/15 4:01 PM

- Sample Coll... k of this form
- FEE AMOUNT: ...J. 1, 2010.
  Fee amounts a... annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
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3- Untreated Public Distribution System
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6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glasgow 810-787-6537		Single Family Dwelling, Genesee Cnty
Mailing Ad: 4500 N. Dort Hwy.	Area Code & Pl	Purpose-Other / Sample has chlorine
Flint, MI 48505		Sample Point-Other / Private Citizen
City: mglasgow@cityofflint.com	State	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
RANDY DELLAPOSTA	10/6/15	6:40	AM PM

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
City of Flint		
Collection Site (Street Address): 211 W. OAKLEY ST. #12	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): EQUIP. UPSTAIRS R.O.	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000700

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr	City of Flint G99952200 / SSN ~~2310~~
City	PO Box 246
	Flint, MI 48505
DO N	CCUB 36CC $26.00
SEND C	

DEQ DRINKI DEPAR

LF87030
Data Coding
51001195

REQU

10/08/15 4:01 PM

- Sample Colle ... of this form
- FEE AMOUNTS ON THIS FORM ARE E... N. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

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SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glasgow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Addres	4500 N. Dort Hwy.	Area Code & Ph	Purpose-Other / Sample has chlorine
	Flint, MI 48505		Sample Point-Other / ~~Private~~ Citizen
City	mglasgow@cityofflint.com	State / Z	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
RANDY DELLA POSTA	10/6/15	6:10	

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Collection Site (Street Address) 211 W OAKLEY ST. #11	Township (If known)	Section (If known)
City FLINT / County Genesee	ZIP Code 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) MAINT. R.O.	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

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TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Adr: City of Flint G99952200 / SSN ~~2310~~	
City: PO Box 246 Flint, MI 48505	
DO N: CCUB 36CC $26.00	
SEND (	

DEQ DRINKING W… DEPARTME…

REQUEST LF87031

Data Coding 51001195

- Sample Collection … iis form
- FEE AMOUNTS ON T… 10/08/15 4:01 PM …010. Fee amounts are subject to annual changes.
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WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
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SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
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2 - Repeat Sample
3 - Repair/Construction/New Well
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9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glasgow 810-787-6537		Single Family Dwelling, Genesee Cnty
Mailing Add: 4500 N. Dort Hwy.	Area Code & Phone …	Purpose-Other / Sample has chlorine
Flint, MI 48505		Sample Point-Other / Private Citizen
City: mglasgow@cityofflint.com	State / ZIP C…	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
RANDY DELLAPOSTA	10/6/15	6:25	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	City of Flint
Collection Site (Street Address): 211 W. OAKLEY ST #10	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code: 48503 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): EQUIP. SHOP	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN ~~2310~~ City: PO Box 246 Flint, MI 48505 DO N: CCUB 36CC $26.00 SEND (	

DEQ DRINKING WATER DEPARTMENT REQUEST

LF87032
Data Coding
51001195
10/08/15 4:01 PM

- Sample Collection [illegible] this form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	Single Family Dwelling, Genesee Cnty
Mailing Address: 4500 N. Dort Hwy.	Area Code & Phone: Purpose-~~Other~~ / Sample has chlorine
Flint, MI 48505	Sample Point-Other / Private Citizen
City: mglasgow@cityofflint.com	State / ZIP: System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
RANDY DELLAPOSTA	10/6/15	6:32	~~AM~~ PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
211 W. OAKLEY ST. #9		

City	County	ZIP Code	Well (If more than one) Number
Flint	Genesee	48503	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
STOCKROOM R.O.	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN 2310 ~~/~~	
City: PO Box 246	
Flint, MI 48505	
DO N(CCUB 36CC $26.00	
SEND C.	

DEQ DRINKING WA… DEPARTMEN…

REQUEST F…

LF87033 Data Coding 51001195 10/08/15 4:01 PM

- Sample Collection Ins… …or this form
- FEE AMOUNTS ON THIS … EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☒ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	Single Family Dwelling, Genesee Cnty
Mailing Adc: 4500 N. Dort Hwy.	Area Code & Phone: Purpose-Other / Sample has chlorine
Flint, MI 48505	Sample Point-Other / Private Citizen
City: mglasgow@cityofflint.com	State / ZIP (: System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
RANDY DELLAPOSTA	10/6/15	6:21	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	City of Flint
Collection Site (Street Address): 211 W. OAKLEY ST. #8	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code: 48503 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): MAINT. OFFICE R.O.	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN 2310	
City: PO Box 246	
Flint, MI 48505	
DO NOT SEND CAS: CCUB 36CC $26.00	

DEQ DRII DEF LF87034 Data Coding 51001195 REQ

- Sample Co. 10/08/15 4:01 PM ck of this form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Addres	4500 N. Dort Hwy.	Area Code & Phone	Purpose-Other / Sample has chlorine
	Flint, MI 48505		Sample Point-Other / Private Citizen
City	mglasgow@cityofflint.com	State / ZIP C	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One* AM PM
JEAN BAINE	10/5/15		

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): 333 BEACH ST	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48507	Well (if more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
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INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN 2310	
City: PO Box 246	
Flint, MI 48505	
DO NOT SEND CASH: CCUB 36CC $26.00	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

R/ LF87035 YSIS

Data Coding 51001195

- Sample back of this form
- FEE AMO Fee amo E JAN. 1, 2010.
- PREPAY. 10/08/15 4:01 PM S REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - ***Circle One***

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - ***Circle One***

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - ***Circle One***

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glagow 810-787-6537	Single Family Dwelling, Genesee Cnty
Mailing Addre: 4500 N. Dort Hwy.	Area Code & Phone r: Purpose-Other / Sample has chlorine
Flint, MI 48505	Sample Point-Other / Private Citizen
City: mglasgow@cityofflint.com	State / ZIP C: System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
GARY MILES	10/8/15	6:30	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other		**System/Owner Name**: CITY OF FLINT	
Collection Site (Street Address): 2013 WEAVER ST.		Township (If known)	Section (If known)
City: FLINT	County: GENESEE	ZIP Code: 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): BATHROOM		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000706

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addres~ City of Flint G99952200 / SSN 2310	
City PO Box 246	
Flint, MI 48505	
DO NO CCUB 36CC $26.00	
SEND CA	

DEQ DRINK DEPAR

LF87036
Data Coding
51001195

REQU

10/08/15 4:01 PM

- Sample Colle... of this form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glagow 810-787-6537		Single Family Dwelling, Genesee Cnty
Mailing Address 4500 N. Dort Hwy.	Area Code & Phone	Purpose-Other / Sample has chlorine
Flint, MI 48505		Sample Point-Other / Private Citizen
City mglasgow@cityofflint.com	State / ZIP	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
ELIZABETH ANN O'DELL	10/3/15	7:30	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other		**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 1013 BEARD ST.		Township (If known)	Section (If known)
City FLINT	County GENESEE	ZIP Code 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address	City of Flint G99952200 / SSN 2310
City	PO Box 246
	Flint, MI 48505
DO NOT SEND CASI	CCUB 36CC $26.00

DEQ DRINKING V DEPARTMEI

REQUEST

LF87037
Data Coding
51001195
10/08/15 4:01 PM

- **Sample Collection Instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Address	4500 N. Dort Hwy.	Area Code & Phone	Purpose-Other / Sample has chlorine
	Flint, MI 48505		Sample Point-Other / Private Citizen
City	mglasgow@cityofflint.com	State / ZIP C	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
JOSEPH COCHRAN	10/1/15	7:30	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3447 BARTH ST.		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48504	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
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CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000708

BILLING INFORMATION *PLEASE PRINT*

Name	City of Flint G99952200 / SSN 2310
Mailing Addr	PO Box 246
	Flint, MI 48505
City	CCUB 36CC $26.00

DO NOT SEND CASH! checks payable to **State of Michigan**

Check # Amt. Encl.

DEQ DRINKING WATER DEPARTMENT OF

LF87038
Data Coding
51001195
10/08/15 4:01 PM

REQUEST FOR

- **Sample Collection Instru** ... **back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at:** (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Add	4500 N. Dort Hwy.	Area Code & Pho	Purpose-Other / Sample has chlorine
	Flint, MI 48505		Sample Point-Other / Private Citizen
City	mglasgow@cityofflint.com	State / ZI	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
FRANCES BELL	10/6/15	7:30	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	**System/Owner Name** CITY OF FLINT
Collection Site (Street Address) 3013 CHICAGO BLVD	Township (If known) / Section (If known)
City FLINT / County GENESEE	ZIP Code 48503 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre City of Flint G99952200 / SSN 2310 PO Box 246 Flint, MI 48505 DO NC CCUB 36CC $26.00 SEND CA	

DEQ DRINKING W DEPARTMEI

REQUEST

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Data Coding
51001195

10/08/15 4:01 PM

- **Sample Collection** ...is form
- FEE AMOUNTS ON TH... ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at:** (517) 335-8184

SAMPLE SOURCE - ***Circle One***

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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9 - Other

SAMPLING PURPOSE - ***Circle One***

0 - Routine Monitoring
1 - Real Estate Transaction
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SAMPLE POINT - ***Circle One***

1- Public System Well
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9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Address	4500 N. Dort Hwy.	Area Code & Phor	Purpose-Other / Sample has chlorine
City	Flint, MI 48505	State / ZIP	Sample Point-Other / Private Citizen
	mglasgow@cityofflint.com		System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
DANIEL TUPTON JR.	10/5/15	2:20	AM (PM)

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)		**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 1651 N. GRAND TRAVERSE		Township (If known)	Section (If known)
City FLINT	County GENESEE	ZIP Code 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
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CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000710

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr	City of Flint G99952200 / SSN 2310
City	PO Box 246
	Flint, MI 48505
DO N	CCUB 36CC $26.00
SEND C	

DEQ DRINKING WAT DEPARTMENT

LF87040

REQUEST F

Data Coding
51001195

- **Sample Collection In** 10/08/15 4:01 PM **form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

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0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
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6 - Treated/Softened Private Well
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9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Addres	4500 N. Dort Hwy.	Area Code & Pl	Purpose-Other / Sample has chlorine
	Flint, MI 48505		Sample Point-Other / Private Citizen
City	mglasgow@cityofflint.com	State	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
MARILYN COLBY	10/7/15	6 50	

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other		**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 318 BUCKINGHAM AVE		Township (If known)	Section (If known)
City FLINT	County GENESEE	ZIP Code 48507	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000711

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addres	City of Flint G99952200 / SSN 2310
City	PO Box 246
	Flint, MI 48505
DO NO SEND CA	CCUB 36CC $26.00

DEQ DRINK DEPAR

LF87041
Data Coding
51001195

REQUI

Y

- Sample Collec 10/08/15 4:01 PM
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
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SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Address	4500 N. Dort Hwy.	Area Code & Phone	Purpose-Other / Sample has chlorine
	Flint, MI 48505		Sample Point-Other / Private Citizen
City	mglasgow@cityofflint.com	State / ZIP	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MARCELA FRANCO	10/6/15	6:15	AM / PM

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other		**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 1901 E. 2ND ST.		Township (If known)	Section (If known)
City FLINT	County GENESEE	ZIP Code 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) BATHROOM		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000712

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN 2310	
PO Box 246	
City: Flint, MI 48505	
Check#, if app: CCUB 36CC $26.00	

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMEN ENTAL QUALITY

REQUEST LF87042
Data Coding
51001195

- **FEE AMOUNTS ON** 010.
  Fee amounts are sut 10/08/15
- Sample Collection Instruc 4:01 PM
- **PREPAYMENT OR *APPROVED* DWL CREDIT AC UMBER IS REQUIRED FOR TESTING.**

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**DO NOT SEND CASH!**

SAMPLE SOURCE - ***Circle One***

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - ***Circle One***

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - ***Circle One***

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mailing Addre: Mike Glagow 810-787-6537		Single Family Dwelling, Genesee Cnty
4500 N. Dort Hwy.	Area Code & Phone	Purpose-Other / Sample has chlorine
Flint, MI 48505		Sample Point-Other / Private Citizen
City: mglasgow@cityofflint.com	State / ZIP C	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	~~Circle One~~ AM PM
RUTH SZPIECH	10/6/15	7:20	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code ***Circle One*** 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 2925 CHICAGO BLVD	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Water Coliforms (Bacteriology) *30 hour hold time*	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron*	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) 12/2011)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000713

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN 2310	
City: PO Box 246	
Flint, MI 48505	
Check#, if appli: CCUB 36CC $26.00	

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST F

LF87043
Data Coding
51001195
10/08/15 4:01 PM

- **FEE AMOUNTS ON TH** Fee amounts are subjec **D.**
- Sample Collection Instru
- **PREPAYMENT OR *APP*** **IS REQUIRED FOR TES** **NUMBER**

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**DO NOT SEND CASH!**

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glagow 810-787-6537		Single Family Dwelling, Genesee Cnty
Mailing Addres: 4500 N. Dort Hwy.	Area Code & Phoni	Purpose-Other / Sample has chlorine
Flint, MI 48505		Sample Point-Other / Private Citizen
City: mglasgow@cityofflint.com	State / ZIP	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
CAROLINE JOBB	10/6/15	9:15	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 1820 DELAWARE AVE	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Water Coliforms (Bacteriology) *30 hour hold time*	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron*	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) 12/2011

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000714

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN 2310	
City: PO Box 246 Flint, MI 48505	
DO NOT SEND CASH: CCUB 36CC $26.00	

DEQ DRINKING WATER LABORATORY
DEPART

LF87044
Data Coding
51001195

REQUE

- Sample Collect … f this form
- FEE AMOUNTS C … 10/08/15 4:01 PM …, 2010.
  Fee amounts are s … changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Addre:	4500 N. Dort Hwy.	Area Code & P	Purpose-Other / Sample has chlorine
	Flint, MI 48505		Sample Point-Other / Private Citizen
City	mglasgow@cityofflint.com	State	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
CAROL JENKINS	10/6/15	5:40	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)		System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): 318 BEACH ST.		Township (If known)	Section (If known)
City: FLINT	County: GENESEE	ZIP Code: 48507	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000715

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing A	City of Flint G99952200 / SSN 2310
City	PO Box 246
	Flint, MI 48505
DO	CCUB 36CC $26.00
SEND	

DEQ DRINKING WA DEPARTMENT

LF87045

REQUEST F

Data Coding
51001195

10/08/15 4:01 PM

- **Sample Collection I** form
- FEE AMOUNTS ON THIS J. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at: (517) 335-8184**

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Addres	4500 N. Dort Hwy.	Area Code & Ph	Purpose-Other / Sample has chlorine
	Flint, MI 48505		Sample Point-Other / Private Citizen
City	mglasgow@cityofflint.com	State Z	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
SALLY WEATHERWAY	10/8/15	8:20	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other		**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 2309 WISCONSIN AVE		Township (If known)	Section (If known)
City FLINT	County GENESEE	ZIP Code 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN 2310	
City: PO Box 246	
Flint, MI 48505	
DO NO: CCUB 36CC $26.00	
SEND CA	

DEQ DRINKING WATER LABORATORY DEPARTMENT

REQUI LF87046

Data Coding 51001195

10/08/15 4:01 PM

- Sample Collec ... of this form
- FEE AMOUNTS ... 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Addre	4500 N. Dort Hwy.	Area Code & Phon	Purpose-Other / Sample has chlorine
	Flint, MI 48505		Sample Point-Other / Private Citizen
City	mglasgow@cityofflint.com	State / ZIP	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
TIFFANY CANUANESS	10/8/15	6:30	

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)		System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): 2701 DAKOTA		Township (If known)	Section (If known)
City: FLINT	County: GENESEE	ZIP Code: 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000717

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre City of Flint G99952200 / SSN 2310	
City PO Box 246 Flint, MI 48505	
DO NO CCUB 36CC $26.00 SEND CA	

DEQ DRINKIN DEPARTI

LF87047

REQUE Data Coding 51001195

- Sample Collect 10/08/15 4:01 PM f this form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mailing Addre Mike Glagow 810-787-6537 4500 N. Dort Hwy. Flint, MI 48505	Area Code & Phc	Single Family Dwelling, Genesee Cnty Purpose-Other / Sample has chlorine Sample Point-Other / Private Citizen System Owner-City of Flint
City mglasgow@cityofflint.com	State / ZI	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ERIKA SCHLAUB	10/6/15	10:15	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3701 WOODROW AVE		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48506	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000718

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addres: City of Flint G99952200 / SSN 2310	
City: PO Box 246 Flint, MI 48505	
DO NO: CCUB 36CC $26.00 SEND CA:	

DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUES

LF87048

Data Coding
51001195

10/08/15 4:01 PM

- **Sample Collectic** ... this form
- FEE AMOUNTS ON ... 2010.
  Fee amounts are su
- PREPAYMENT OR ... ED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at:** (517) 335-8184

SAMPLE SOURCE - ***Circle One***

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - ***Circle One***

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - ***Circle One***

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mailing Address: Mike Glagow 810-787-6537 4500 N. Dort Hwy.	Area Code & Phc	Single Family Dwelling, Genesee Cnty
City: Flint, MI 48505 mglasgow@cityofflint.com		Purpose-Other / Sample has chlorine
	State / ZI	Sample Point-Other / Private Citizen
		System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	~~Circle One~~ AM PM
PATRICK L. RYALS SR.	10/7/15	5:42	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
2018 CANNIFF ST		
City: FLINT / **County**: GENESEE	**ZIP Code**: 48504	**Well (If more than one) Number**
Sampling Point (kitchen, bath, etc.): KITCHEN	**Site Code or Permit Number (If known)**	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre City of Flint G99952200 / SSN 2310	
City PO Box 246 Flint, MI 48505	
DO N CCUB 36CC $26.00	
SEND C Check #	

DEQ DRINKING WATER DEPARTMENT

LF87049
Data Coding
51001195

REQUEST F

10/08/15 4:01 PM

- **Sample Collection Ir** form
- FEE AMOUNTS ON THI .0.
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail ac
Mike Glagow 810-787-6537	Single Family Dwelling, Genesee Cnty
Mailing Ad 4500 N. Dort Hwy.	Area Coc Purpose-Other / Sample has chlorine
Flint, MI 48505	Sample Point-Other / Private Citizen
City mglasgow@cityofflint.com	State System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
CYD R. HENZAREK	10/6/15	12:30	AM PM

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): 337 BUCKINGHAM AVE.	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48507	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
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TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000720

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN 2310	
City: PO Box 246 Flint, MI 48505	
DO NOT SEND CAS: CCUB 36CC $26.00	

DEQ DRINKING WATER LABORATORY - LANSING
DEPART

REQUE LF87050

Data Coding 51001195

10/08/15 4:01 PM

- Sample Collec of this form
- FEE AMOUNTS (1, 2010.
  Fee amounts are subject to
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

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SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
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5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
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3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Address	4500 N. Dort Hwy.	Area Code & Ph	Purpose-Other / Sample has chlorine
City	Flint, MI 48505	State	Sample Point-Other / Private Citizen
	mglasgow@cityofflint.com		System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ANTHONY FORNHAM	10/7/15	7:00	AM PM

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): 3807 N. CENTER RD	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): BATHROOM	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
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CXVO	36VO	Volatile Organic Compounds	**$100.00**	
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TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000721

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr: City of Flint G99952200 / SSN 2310	
City: PO Box 246	
Flint, MI 48505	
DO N: CCUB 36CC $26.00	
SEND C: Check #	

DEQ DRINKING WATER L
DEPARTMENT OF E

LF87051
Data Coding
51001195

REQUEST FOR

10/08/15 4:01 PM

- **Sample Collection Instru** n
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at: (517) 335-8184**

SAMPLE SOURCE - *Circle One*

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SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
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9 - Other

SAMPLE POINT - *Circle One*

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9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Add	4500 N. Dort Hwy.	Area Code & Ph	Purpose-Other / Sample has chlorine
City	Flint, MI 48505	State / Z	Sample Point-Other / Private Citizen
	mglasgow@cityofflint.com		System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
ROBERT BINCSIK	10/6/15	6:00	

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
3310 E. COURT ST.		
City: FLINT / **County**: GENESEE	**ZIP Code**: 48506	**Well (If more than one) Number**
Sampling Point (kitchen, bath, etc.): BATHROOM	**Site Code or Permit Number (If known)**	

TESTING REQUEST INFORMATION (REQUIRED)

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CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000722

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addres: City of Flint G99952200 / SSN 2310	
City: PO Box 246	
Flint, MI 48505	
DO NO: CCUB 36CC $26.00	
SEND CA	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENV

REQUEST FOR W **LF87052**

Data Coding
51001195

- **Sample Collection Instructi**
- FEE AMOUNTS ON THIS FORM 10/08/15 4:01 PM
  Fee amounts are subject to annua...
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at: (517) 335-8184**

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- 1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- 0 - Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- 4- Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glagow 810-787-6537	Single Family Dwelling, Genesee Cnty
Mailing Addres: 4500 N. Dort Hwy.	Area Code & Pl: Purpose-Other / Sample has chlorine
Flint, MI 48505	Sample Point-Other / Private Citizen
City: mglasgow@cityofflint.com	State: System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
GERALDINE ERWIN	10/7/15	8:00	~~AM~~ PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 721 FRANK ST	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000723

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre City of Flint G99952200 / SSN 2310	
City PO Box 246	
Flint, MI 48505	
DO NO CCUB 36CC $26.00	
SEND CA	

DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENT

REQUEST LF87053 Data Coding 51001195 10/08/15 4:01 PM

- **Sample Collection** is form
- FEE AMOUNTS ON T 10.
  Fee amounts are subj
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at:** (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name Mike Glagow 810-787-6537	E-mail addres Single Family Dwelling, Genesee Cnty
Mailing Addr 4500 N. Dort Hwy.	Area Code & Purpose-Other / Sample has chlorine
Flint, MI 48505	Sample Point-Other / Private Citizen
City mglasgow@cityofflint.com	State System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ANTHONY FORDHAM	10/7/15	7:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other		**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 3807 N CENTER RD.		Township (If known)	Section (If known)
City FLINT	County GENESEE	ZIP Code 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000724

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN 2310	
City: PO Box 246	
Flint, MI 48505	
DO NOT SEND CASH! CCUB 36CC $26.00	

DEQ DRINKING WA DEPARTMENT

LF87054
Data Coding
51001195

REQUEST F

10/08/15 4:01 PM

- **Sample Collection I** s form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE 10. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glagow 810-787-6537		Single Family Dwelling, Genesee Cnty
Mailing Address: 4500 N. Dort Hwy.	Area Code & Ph	Purpose-Other / Sample has chlorine
Flint, MI 48505		Sample Point-Other / Private Citizen
City: mglasgow@cityofflint.com	State	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
WILLIE + PATRICIA MCKENZIE	10/7/15	5:42	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): 5813 GRIGGS DR.	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000725

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addres~ City of Flint G99952200 / SSN 2310	
City PO Box 246	
Flint, MI 48505	
DO NO' CCUB 36CC $26.00	
SEND CA:	

DEQ DRINKING WATER L... DEPARTME...

REQUEST LF87055 Data Coding 51001195 10/08/15 4:01 PM

- **Sample Collection I** ... this form
- FEE AMOUNTS ON THI ... ECTIVE JAN. 1, 2010. Fee amounts are subject ... nual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at: (517) 335-8184**

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glagow 810-787-6537		Single Family Dwelling, Genesee Cnty
Mailing Addres 4500 N. Dort Hwy.	Area Code & Phone	Purpose-Other / Sample has chlorine
Flint, MI 48505		Sample Point-Other / Private Citizen
City mglasgow@cityofflint.com	State / ZIP	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	~~Circle One~~ AM PM
SANDRA MOORE	10/7/15	7:54	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other		**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 3709 SHERRY DR.		Township (If known)	Section (If known)
City FLINT	County GENESEE	ZIP Code 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
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INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000726

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addres	
City of Flint G99952200 / SSN 2310	
City PO Box 246	
Flint, MI 48505	
DO NO CCUB 36CC $26.00	
SEND C/	

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMENT OF ENVIRON

REQUEST F LF87056 Data Coding 51001195

- **Sample Collection Ir** form
- FEE AMOUNTS ON THI Fee amounts are subject 10/08/15 4:01 PM
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
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9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
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5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
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SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glagow 810-787-6537		Single Family Dwelling, Genesee Cnty
Mailing Addre 4500 N. Dort Hwy.	Area Code & Phone	Purpose-Other / Sample has chlorine
Flint, MI 48505		Sample Point-Other / Private Citizen
City mglasgow@cityofflint.com	State ZIP C	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
THOMAS G NOVAK	10/7/15	6:30	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other		**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 3702 RISEDORPH AVE		Township (If known)	Section (If known)
City FLINT	County GENESEE	ZIP Code 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000727

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN 2310	
City: PO Box 246	
Flint, MI 48505	
DO NOT SEND CASI: CCUB 36CC $26.00	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT /

REQUEST F LF87057

Data Coding
51001195

- **Sample Collection In** form
- FEE AMOUNTS ON THI 10/08/15 4:01 PM
  Fee amounts are subject
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at:** (517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Addr	4500 N. Dort Hwy.	Area Code & Phone	Purpose-Other / Sample has chlorine
	Flint, MI 48505		Sample Point-Other / Private Citizen
City	mglasgow@cityofflint.com	State / ZIP	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
BETHANY A. SEYMOUR	10/7/15 (REC)	N/A	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 629 BURROUGHS	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code 48507	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000728

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN 2310	
City: PO Box 246	
Flint, MI 48505	
DO NO: CCUB 36CC $26.00	
SEND CA	

DEQ DRINKING DEPARTM... LANSING

LF87058 Data Coding 51001195

10/08/15 4:01 PM

REQUE

- **Sample Collec** ...of this form
- FEE AMOUNTS ON THIS FOR... 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at:** (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glagow 810-787-6537	Single Family Dwelling, Genesee Cnty
Mailing Addres: 4500 N. Dort Hwy.	Area Code & Phone n: Purpose-Other / Sample has chlorine
Flint, MI 48505	Sample Point-Other / Private Citizen
City: mglasgow@cityofflint.com	State / ZIP Co: System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
BETTY & FRANK HAMILTON	10/5/15	10:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	**System/Owner Name**: CITY OF FLINT	
Collection Site (Street Address): 423 S. FRANKLIN AVE	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000729

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN 2310	
City: PO Box 246	
Flint, MI 48505	
DO NOT SEND CAS: CCUB 36CC $26.00	

DEQ DRINKING WATER LABORATORY - LANSING
DEPAR... TY
REQU... S

LF87059
Data Coding
51001195
10/08/15 4:01 PM

- Sample Colle... of this form
- FEE AMOUNTS... l. 1, 2010.
  Fee amounts a...
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glagow 810-787-6537	Single Family Dwelling, Genesee Cnty
Mailing Address: 4500 N. Dort Hwy.	Area Code & Phone ... Purpose-Other / Sample has chlorine
Flint, MI 48505	Sample Point-Other / Private Citizen
City: mglasgow@cityofflint.com	State / ZIP C... System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
(JOHN) BROOKS	9/29/15	3:30	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): 901 W SECOND ST.	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48503	Well (if more than one) Number
Sampling Point (kitchen, bath, etc.): BATHROOM	Site Code or Permit Number (if known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000730

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN 2310	
City: PO Box 246 Flint, MI 48505	
DO NOT SEND CASI: CCUB 36CC $26.00	

DEQ DRINKING WATER LA[illegible]ATORY - LANSING
DEPARTMENT OF E[illegible]

LF87060
Data Coding
51001195

REQUEST FOR

- **Sample Collection Instr[illegible]** n
- FEE AMOUNTS ON THIS FO[illegible] 10/08/15 4:01 PM
  Fee amounts are subject to annual change[illegible]
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at: (517) 335-8184**

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
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6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glagow 810-787-6537		Single Family Dwelling, Genesee Cnty
Mailing Addres: 4500 N. Dort Hwy.	Area Code & Phon	Purpose-Other / Sample has chlorine
Flint, MI 48505		Sample Point-Other / Private Citizen
City: mglasgow@cityofflint.com	State / ZIP	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
CONNIE STEVEN	10/6/15	6:30	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	**System/Owner Name**	
	CITY OF FLINT	
Collection Site (Street Address): 3917 RED ARROW RD.	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code: 48507	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre: City of Flint G99952200 / SSN 2310	
City PO Box 246	
Flint, MI 48505	
DO NO CCUB 36CC $26.00	
SEND CA	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL

REQUEST

LF87061
Data Coding
51001195
10/08/15 4:01 PM

- **Sample Collection** ... s form
- FEE AMOUNTS ON TH ...).
  Fee amounts are subjec
- PREPAYMENT OR DWL ... NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at:** (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
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SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Addr	4500 N. Dort Hwy.	Area Code & Phon	Purpose-Other / Sample has chlorine
City	Flint, MI 48505	State / ZIP	Sample Point-Other / Private Citizen
	mglasgow@cityofflint.com		System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
JUSTIN SULLENGER	10/7/15	5:00	AM PM

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 3810 HERRICK ST.	Township (If known)	Section (If known)
City FLINT / County GENESEE	ZIP Code 48532	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000732

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Ad	City of Flint G99952200 / SSN 2310
City	PO Box 246
	Flint, MI 48505
DO SEND	CCUB 36CC $26.00

DEQ — ...ER LABORATORY - LANSING ...MENTAL QUALITY

LF87062
Data Coding
51001195

...ALYSIS

- Sam... 10/08/15
- FEE AMOUNT... 4:01 PM ...the back of this form
  Fee amounts are subject to ... ...CTIVE JAN. 1, 2010.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

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1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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8 - Swimming pool or Spa
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SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
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5 - Water Quality Problem
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SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
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7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Addres	4500 N. Dort Hwy.	Area Code & Phc	Purpose-Other / Sample has chlorine
	Flint, MI 48505		Sample Point-Other / Private Citizen
City	mglasgow@cityofflint.com	State / Z	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
OTIS JAMES LOVEJOY	10/7/15	6:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) 2309 TORONTO ST.	Township (If known)	Section (If known)
City FLINT / County GENESEE	ZIP Code 48507	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre	City of Flint G99952200 / SSN 2310
City	PO Box 246
	Flint, MI 48505
DO NO	CCUB 36CC $26.00
SEND CA	

DEQ DRINKIN… DEPART…

LF87063
Data Coding
51001195
10/08/15 4:01 PM

REQUE… …of this form

- Sample Collecti…
- FEE AMOUNTS ON … …ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Address	4500 N. Dort Hwy.	Area Code & Pho	Purpose-Other / Sample has chlorine
City	Flint, MI 48505	State / ZI	Sample Point-Other / Private Citizen
	mglasgow@cityofflint.com		System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One AM PM)
LEONARD TREVORROW	10/7/15	6:00

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)		**System/Owner Name**	
		CITY OF FLINT	
Collection Site (Street Address)		Township (If known)	Section (If known)
1305 MAPLEWOOD AVE			
City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE	48502	
Sampling Point (kitchen, bath, etc.)		Site Code or Permit Number (If known)	
KITCHEN			

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

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- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000734

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre: City of Flint G99952200 / SSN 2310	
City: PO Box 246	
Flint, MI 48505	
DO NO: CCUB 36CC $26.00	
SEND CA	Check # Amt. Encl.

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQU[illegible] S

LF87064
Data Coding
51001195
10/08/15 4:01 PM

- **Sample Colle[illegible]** (of this form
- FEE AMOUNTS . 1, 2010.
  Fee amounts ar[illegible]
- PREPAYMENT [illegible]UMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	**For questions call us at:** (517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glagow 810-787-6537	E-mail address	Single Family Dwelling, Genesee Cnty
Mailing Address	4500 N. Dort Hwy.	Area Code & Ph	Purpose-Other / Sample has chlorine
City	Flint, MI 48505	State	Sample Point-Other / Private Citizen
	mglasgow@cityofflint.com	Z	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
DON LEWIS	10/7/15	6:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other		**System/Owner Name** CITY OF FLINT	
Collection Site (Street Address) UNKNOWN		Township (If known)	Section (If known)
City	County	ZIP Code	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.)		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000735

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN 2310	
City: PO Box 246	
Flint, MI 48505	
DO N CCUB 36CC $26.00	
SEND C	

DEQ DRINKING WATER LABORATORY - LANSING
DEPA TY
REQ LF87065 S
Data Coding
51001195

- Sample Coll k of this form
- FEE AMOUNT 10/08/15 4:01 PM N. 1, 2010.
  Fee amounts a
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☐ Yes ☐ No	For questions call us at: (517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glagow 810-787-6537		Single Family Dwelling, Genesee Cnty
Mailing Add: 4500 N. Dort Hwy.	Area Code & Phone n	Purpose-Other / Sample has chlorine
Flint, MI 48505		Sample Point-Other / Private Citizen
City: mglasgow@cityofflint.com	State / ZIP Co	System Owner-City of Flint

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
KAY ROGERS	10/2/15	8:30	AM PM

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	**System/Owner Name**
3	CITY OF FLINT

Collection Site (Street Address)	Township (If known)	Section (If known)
UNKNOWN		

City	County	ZIP Code	Well (If more than one) Number
FLINT	GENESEE		

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000736

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing City of Flint G99952200	
City PO Box 246	
Flint, MI 48505	
CCUB 36CC $26.00	
DC	
SENI	

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTME

REQUEST LF87364

Data Coding

- Sample Collectio 51001502 his form
- FEE AMOUNTS ON 10/13/15 2:30 PM 010.
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
4500 N. Dort Hwy.	
Mailing Ad Flint, MI 48505	Area Code & Phone number
mglasgow@cityofflint.com	
City	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
HEATHER BONNER	10/9/15	9:15	AM / PM

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
(0)	City of Flint	
Collection Site (Street Address) 3010 McCLURE	Township (If known)	Section (If known)
City Flint / County Genesee	ZIP Code 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000737

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address City of Flint G99952200	
City PO Box 246 Flint, MI 48505	
DC CCUB 36CC $26.00	
SENI	

DEQ DRINKING W... DEPARTME... ...RY - LANSING ...ITY

LF87365 Data Coding 51001502

REQUEST

- **Sample Collectic** 10/13/15 ...his form
- FEE AMOUNTS ON THIS FO... 2:30 PM 2010.
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☒ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Address 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
KATHRYN NEUMANN	10/7/15	1:20	AM PM

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
3	City of Flint	
Collection Site (Street Address) 1101 S. SAGINAW ST. RM N102	Township (If known)	Section (If known)
City Flint / County Genesee	ZIP Code 48502	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000738

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Add: City of Flint G99952200 / ~~SSN 2310~~	
City: PO Box 246 Flint, MI 48505	
DO N SEND C: CCUB 36CC $26.00	

DEQ DRINKIN DEPART

LF87366
Data Coding
51001502

REQUE

10/13/15 2:30 PM

- Sample Collec ...f this form
- FEE AMOUNTS C... l, 2010.
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Add: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	~~Circle One~~ AM PM
ADAM CORNELL	10/9/15	8:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
	City of Flint
Collection Site (Street Address): 3200 ROBERT T. LONGWAY #2	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code: 48506 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): REAR BREAK ROOM	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000739

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Ad: City of Flint G99952200	
City: PO Box 246	
Flint, MI 48505	
DO N: CCUB 36CC $26.00	
SEND (	

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUES

LF87367
Data Coding
51001502
10/13/15 2:30 PM

- Sample Collectio... ...is form
- FEE AMOUNTS ON ... ...)10.
  Fee amounts are subj...
- PREPAYMENT OR D... NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
4500 N. Dort Hwy.	Area Code & Phone number
Mailing Adc Flint, MI 48505	
City mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MARCIA BLASSINGAME	10/8/15	3:00	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name	
(3)	City of Flint	
Collection Site (Street Address)	Township (If known)	Section (If known)
1809 VALLEY LANE		
City / County	ZIP Code	Well (If more than one) Number
Flint / Genesee	48503	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000740

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre City of Flint G99952200 PO Box 246 City Flint, MI 48505 CCUB 36CC $26.00 DO NO SEND CA	

DEQ DRINKING WA DEPARTMENT

LF87363
Data Coding
51001502

REQUEST F

- Sample Collection I 10/13/15 2:30 PM form
- FEE AMOUNTS ON THI ,0.
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537 4500 N. Dort Hwy. Mailing Addres Flint, MI 48505 mglasgow@cityofflint.com	Area Code & Phone number
City	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
RAYMOND CHAN	10/7/15	9:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
3	City of Flint	
Collection Site (Street Address)	Township (If known)	Section (If known)
2938 PARKSIDE DR		
City / County	ZIP Code	Well (If more than one) Number
Flint / Genesee	48503	
Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)	
KITCHEN		

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
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CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200	
City: PO Box 246 Flint, MI 48505	
DO NO SEND CA: CCUB 36CC $26.00	

DEQ DRINKING WATER LAB DEPARTMENT

REQUE LF87369 Data Coding 51001502

- Sample Collec ... of this form
- FEE AMOUNTS (10/13/15 2:30 PM ... 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

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1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Addr: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
DIMITRIOS NEDANIS	10/6/15	3:30	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
3713 SHERRY DR.		

City	County	ZIP Code	Well (If more than one) Number
Flint	Genesee	48506	

Sampling Point (kitchen, bath, etc.)	Site Code or Permit Number (If known)
KITCHEN	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
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CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
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NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addres City of Flint G99952200 / SSN 2310	
City PO Box 246	
Flint, MI 48505	
DO NO CCUB 36CC $26.00	
SEND CA	

DEQ DRINKING WATER LABORATORY LANSING
DEP/ ...ITY

LF87370
Data Coding
51001502
10/13/15 2:30 PM

REQ ...IS

- Sample Col ...ck of this form
- FEE AMOUNT ...N. 1, 2010.
  Fee amounts a... annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
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SAMPLE SOURCE - *Circle One*
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SAMPLING PURPOSE - *Circle One*
- 0 - Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
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SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing A 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
LEN MOODY	10/8/15	6:00	~~AM~~ PM

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name	
Collection Site (Street Address) 4123 COGGINS AVE	Township (If known)	Section (If known)
City Flint / County Genesee	ZIP Code 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
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- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000743

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing A City of Flint G99952200 / SSN 2310 PO Box 246 Flint, MI 48505	
City CCUB 36CC $26.00	
DO SEND Check # Amt. Encl.	

DEQ DRINKIN DEPART

LF87371

REQUE Data Coding 51001502

- Sample Collec 10/13/15 2:30 PM of this form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name Mike Glasgow 810-787-6537	E-mail address
Mailing Addr 4500 N. Dort Hwy.	Area Code & Phone number
City Flint, MI 48505 mglasgow@cityofflint.com	State ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MARCIA BLASSINGAME	10/8/15	3:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
Collection Site (Street Address) 3719 KENT ST.	Township (If known)	Section (If known)
City Flint / County Genesee	ZIP Code 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000744

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 PO Box 246	
City: Flint, MI 48505 CCUB 36CC $26.00	
DO NOT SEND CASH	Check #

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST F

LF87372
Data Coding
51001502
10/13/15 2:30 PM

- **Sample Collection I** ... s form
- FEE AMOUNTS ON TH ...).
  Fee amounts are subjec
- PREPAYMENT OR DW FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Address: 4500 N. Dort Hwy.	Area Code & Phone number
City: Flint, MI 48505 mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
AMY MESSER	10/7/15	4:15	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name	
City of Flint	
Collection Site (Street Address): 3418 GRATIOT AVE	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code: 48503 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000745

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Add: City of Flint G99952200 / ~~SSN 2310~~	
City: PO Box 246 Flint, MI 48505	
DO N SEND C: CCUB 36CC $26.00	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQU LF87373 S

Data Coding 51001502

10/13/15 2:30 PM

- Sample Coll … k of this form
- FEE AMOUNT … N. 1, 2010.
  Fee amounts a …
- PREPAYMENT … QUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name: Mike Glasgow 810-787-6537	E-mail address: mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy.	Area Code & Phone number
City: Flint	State: MI ZIP Code: 48505

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
SAMANTHA MEYERS	10/5/15	5:30	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other: 3	System/Owner Name: City of Flint	
Collection Site (Street Address): 1302 LINCOLN AVE	Township (If known)	Section (If known)
City: Flint	County: Genesee	ZIP Code: 48507
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	Well (If more than one) Number

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule, (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000746

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200	
City: PO Box 246	
Flint, MI 48505	
DO CCUB 36CC $26.00	n
SEND	

DEQ DRINKING WATER LABORATORY - LANSING
DEP... ALITY
REC... SIS

LF87374
Data Coding
51001502
10/13/15 2:30 PM

- Sample C... ack of this form
- FEE AMOUI... JAN. 1, 2010.
  Fee amount
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
6 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glasgow 810-787-6537		
Mailing Ac: 4500 N. Dort Hwy.	Area Code & Phone number	
Flint, MI 48505		
City: mglasgow@cityofflint.com	State	ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
KENNETH STEIN	10/12/15	1:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)		System/Owner Name	
6		City of Flint	
Collection Site (Street Address)		Township (If known)	Section (If known)
311 S. VERNON AVE.			
City	County	ZIP Code	Well (If more than one) Number
Flint	Genesee	48503	
Sampling Point (kitchen, bath, etc.)		Site Code or Permit Number (If known)	
KITCHEN			

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
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CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
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CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Add City of Flint G99952200 PO Box 246 City Flint, MI 48505 CCUB 36CC $26.00 DO N SEND C	

DEQ DRINKING WATER LABORATORY - LANSING
DEPA[illegible] OF ENVIRONMENTAL QUALITY

REQ[illegible] LF87375 S

Data Coding 51001502

- Sample Col[illegible] :k of this form
- FEE AMOUN[illegible] \N. 1, 2010.
  Fee amounts 10/13/15 2:30 PM
- PREPAYMENT OR DWL ACCOUNT NUMBER[illegible] EQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
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SAMPLE POINT - *Circle One*
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9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537 4500 N. Dort Hwy. Mailing Addre Flint, MI 48505 mglasgow@cityofflint.com	Area Code & Phone number
City	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
SHIRLEY W. JOHNSON	10/9/15	2:30	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
	City of Flint	
Collection Site (Street Address) 2715 LAKEWOOD DR	Township (If known)	Section (If known)
City Flint / County Genesee	ZIP Code 48507	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000748

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre: City of Flint G99952200	
City: PO Box 246	
Flint, MI 48505	
DO NC: CCUB 36CC $26.00	
SEND CA	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQU

LF87376

- Sample Colle — Data Coding — of this form
- FEE AMOUNTS — 51001502 — l. 1, 2010.
  Fee amounts at 10/13/15 2:30 PM
- PREPAYMENT OR DWL ACCOUNT REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2610	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name: Mike Glasgow 810-787-6537	E-mail address
Mailing Add: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
MARY COYNE	10/9/15	5:40	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name: City of Flint
Collection Site (Street Address): 3409 SANTA CLARA CT.	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code: 48504 / Well (if more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200	
City: PO Box 246	
Flint, MI 48505	
DO NOT SEND CAS: CCUB 36CC $26.00	

DEQ DRINKI... DEPAR... ...ORATORY - LANSING ...Y

LF87377
Data Coding
51001502
10/13/15 2:30 PM

REQUI...

- Sample Colle... of this form
- FEE AMOUNTS ... . 1, 2010.
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name: Mike Glasgow 810-787-6537	E-mail address
Mailing Address: 4500 N. Dort Hwy.	Area Code & Phone number
City: Flint, MI 48505	State / ZIP Code
mglasgow@cityofflint.com	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
JASON DODGE	10/2/15	3:47	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, 3- Private Citizen, 4- DEQ Staff other than DW, 6- MDA Staff, 9- Other)	System/Owner Name: City of Flint	
Collection Site (Street Address): 1830 HAMPDEN RD.	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Add City of Flint G99952200 PO Box 246 City Flint, MI 48505 CCUB 36CC $26.00 DO N SEND C	

DEQ DRINKI DEPAR

LF87378

REQUI Data Coding 51001502

- Sample Colle 10/13/15 2:30 PM of this form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537 4500 N. Dort Hwy. Mailing Add Flint, MI 48505 mglasgow@cityofflint.com	Area Code & Phone number
City	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One AM PM)
KATHY M. REID	10/13/15	5:20

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
	City of Flint
Collection Site (Street Address): 3514 BRANDON ST	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code: 48503 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Add: City of Flint G99952200 / ~~SSN 2310~~	
City: PO Box 246 Flint, MI 48505	
DO N / SEND C... Check # ... Amt. Enc.	CCUB 36CC $26.00

DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST ... **ANALYSIS**

LF87379
Data Coding
51001502
10/13/15 2:30 PM

- **Sample Collectior** ...is form
- FEE AMOUNTS ON ... Fee amounts are sub ...010.
- PREPAYMENT OR I... FOR TESTING ...D

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Add: 4500 N. Dort Hwy. Flint, MI 48505	Area Code & Phone number
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
VALERIE VALLAIRE	10/8/15	11:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	City of Flint
Collection Site (Street Address): 336 BUCKINGHAM AVE	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
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CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
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INSTRUCTIONS:
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000752

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre City of Flint G99952200 PO Box 246	
City Flint, MI 48505	
DO NC CCUB 36CC $26.00 SEND CA	

DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUES ...YSIS

LF87380
Data Coding
51001502

- **Sample Collect** ... this form
- FEE AMOUNTS (..., 2010.
  Fee amounts are 10/13/15 2:30 PM
- PREPAYMENT OR DWL ACC... IRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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0 - Routine Monitoring
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(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
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SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Addres 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ORIANA NEBANIS	10/8/15	3:00	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*	System/Owner Name
0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3- Private Citizen) 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	City of Flint
Collection Site (Street Address): 3610 SHERRY DR.	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code: 48506 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr: City of Flint G99952200 / ~~SSN 2310~~	
City: PO Box 246 Flint, MI 48505	
DO N: CCUB 36CC $26.00 SEND C.	

DEQ DRINKING WATER DEPARTMENT

LF87381 Data Coding 51001502

REQUES

- **Sample Collecti** 2:30 PM **this form**
- FEE AMOUNTS ON 10/13/15 EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

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0 - Routine Monitoring
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SAMPLE POINT - *Circle One*

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SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Addres: 4500 N. Dort Hwy.	Area Code & Phone number
City: Flint, MI 48505 mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
VIVIAN NELSON	10/11/15	10:00	AM PM

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
City of Flint		
Collection Site (Street Address): 3214 N. AVERILL AVE	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000754

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200	
City: PO Box 246	
Flint, MI 48505	
DO NOT SEND CASH: CCUB 36CC $26.00	Check #

DEQ DRINKING WATER LABORATORY DEPARTMENT

LF87382 Data Coding 51001502

REQU

- Sample Collec ... of this form
- FEE AMOUNTS ... 1, 2010. Fee amounts are ... changes. 10/13/15 2:30 PM
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name: Mike Glasgow 810-787-6537	E-mail address
Mailing: 4500 N. Dort Hwy.	Area Code & Phone number
City: Flint, MI 48505 mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
CATHY YOUNG	10/8/15	7:30	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	City of Flint
Collection Site (Street Address): 1101 S. SAGINAW ST RM. 20	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code: 48502 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): BREAK ROOM	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000755

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr: City of Flint G99952200	
City: PO Box 246	
Flint, MI 48505	
DO N: CCUB 36CC $26.00	
SEND C.	

DEQ DRIN DEP LF87383 Data Coding 51001502 IG ITY S

REQ

- Sample Coll 10/13/15 2:30 PM k of this form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Rec/Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Add: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
BENJAMIN LUCKETT	10/6/15	5:30	AM (PM)

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
Collection Site (Street Address): 1160 DuPont St.	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): Kitchen	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000756

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr: City of Flint G99952200 PO Box 246 City: Flint, MI 48505 CCUB 36CC $26.00 DO NC SEND C/	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQ[ ]IS

LF87384
Data Coding
51001502

- Sample Col]ck of this form
- FEE AMOUN[ ]N. 1, 2010.
  Fee amounts
- PREPAYMEN[ ]QUIRED
  FOR TESTING 10/13/15 2:30 PM

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☐ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537 4500 N. Dort Hwy. Mailing Address: Flint, MI 48505 mglasgow@cityofflint.com	Area Code & Phone number
City	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
RAYMOND NEAL JR.	10/9/15	5:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
8	City of Flint	
Collection Site (Street Address): 4910 EDWARDS AVE	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48505	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 PO Box 246 City: Flint, MI 48505 CCUB 36CC $26.00 DO NOT SEND CAS	

DEQ DRINKING WATER LABORATORY - LANSING DEPART

REQUE LF87385

Data Coding 51001502

10/13/15 2:30 PM

- Sample Collec ...f this form
- FEE AMOUNTS (..., 2010.
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glasgow 810-787-6537 Mailing Ac 4500 N. Dort Hwy. Flint, MI 48505 City mglasgow@cityofflint.com	Area Code & Phone number	
	State	ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
GARY FLINN	10/8/15	3:15	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
Collection Site (Street Address) 3622 GRATIOT AVE	Township (If known)	Section (If known)
City: Flint County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) BATHROOM	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
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INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000758

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Add	City of Flint G99952200
City	PO Box 246
	Flint, MI 48505
DO N	CCUB 36CC $26.00
SEND C	

DEQ DRINKING V DEPARTME

LF87386

REQUEST Data Coding 51001502

- **Sample Collectio** 10/13/15 2:30 PM **his form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

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8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
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6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Ad 4500 N. Dort Hwy.	Area Code & Phone number
City Flint, MI 48505	State / ZIP Code
mglasgow@cityofflint.com	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DELLA L. McGAUGH	10/11/15	8:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other		System/Owner Name: City of Flint
Collection Site (Street Address): 414 CHALMERS ST.	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
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NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000759

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200	
City: PO Box 246	
Flint, MI 48505	
DO N: CCUB 36CC $26.00	
SEND C:	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST FOR WATER ANALYSIS

- **Sample Collectio** … his form
- FEE AMOUNTS ON … 010.
  Fee amounts are sub
- PREPAYMENT OR I … D
  FOR TESTING

LF87387
Data Coding
51001502

10/13/15 2:30 PM

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name: Mike Glasgow 810-787-6537	E-mail address
Mailing A: 4500 N. Dort Hwy.	Area Code & Phone number
City: Flint, MI 48505	State / ZIP Code
mglasgow@cityofflint.com	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
BILLIE FISHER	10/6/15	6:00	~~AM~~ PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name: City of Flint	
Collection Site (Street Address): 1001 BLANCHARD AVE	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000760

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addres City of Flint G99952200	
City PO Box 246	
Flint, MI 48505	
DO NO CCUB 36CC $26.00	
SEND CA	

DEQ DRINKING V DEPARTME ...NSING

LF87388 Data Coding 51001502 10/13/15 2:30 PM

REQUES

- **Sample Collection Ins...** **this form**
- FEE AMOUNTS ON THIS FORM ARE ..., 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name Mike Glasgow 810-787-6537	E-mail address
Mailing Ad 4500 N. Dort Hwy.	Area Code & Phone number
City Flint, MI 48505 mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
C. O'NEAL	10/9/15	9:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name City of Flint	
Collection Site (Street Address) 3123 CHAMBERS	Township (If known)	Section (If known)
City Flint / County Genesee	ZIP Code 48507	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) BATHROOM	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre: City of Flint G99952200 / SSN 2310	
City: PO Box 246	
Flint, MI 48505	
DO NC: CCUB 36CC $26.00	
SEND CA	

DEQ DRINKING DEPARTM

REQUES

LF87389
Data Coding
51001502
10/13/15 2:30 PM

- **Sample Collection instructions are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - ***Circle One***

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - ***Circle One***

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - ***Circle One***

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name / Mailing / City	E-mail address	
Mike Glasgow 810-787-6537		
4500 N. Dort Hwy.	Area Code & Phone number	
Flint, MI 48505		
mglasgow@cityofflint.com	State	ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
~~7002 PE~~ RIVER PARK	10/9/15	2:15	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* — 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other		**System/Owner Name**: City of Flint
Collection Site (Street Address): 7002 PEMBERTON DR.	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48505	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): OTHER (BREAK ROOM FAUCET)	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000762

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addres: City of Flint G99952200	
City: PO Box 246	
Flint, MI 48505	
DO NO: CCUB 36CC $26.00	
SEND CA	

DEQ DRINKIN DEPART

LF87390

REQUE

Data Coding
51001502

- **Sample Collect** 10/13/15 2:30 PM **f this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Address: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
LILLIAN FLINN	10/12/15	2:13	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	City of Flint
Collection Site (Street Address): 3613 LEITH ST.	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code: 48506 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000763

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre City of Flint G99952200	
City PO Box 246	
Flint, MI 48505	
DO NC CCUB 36CC $26.00	
SEND CA	

DRINKING WATER LABORATORY - LANSING
DEPARTMENT OF ... Y

REQUI LF87391

Data Coding 51001502

- Sample Colle of this form
- FEE AMOUNTS Fee amounts are 10/13/15 2:30 PM 1, 2010.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☒ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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SAMPLE POINT - *Circle One*

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6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Address 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One* AM PM
TRACEY DROST	10/9/15	6:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name City of Flint	
Collection Site (Street Address) 360 Buckingham Ave	Township (If known)	Section (If known)
City Flint / County Genesee	ZIP Code 48507	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) Kitchen	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000764

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Add: City of Flint G99952200	
City: PO Box 246	
Flint, MI 48505	
DO N: CCUB 36CC $26.00	
SEND C	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUE

LF87392
Data Coding
51001502
10/13/15 2:30 PM

- **Sample Collec** **of this form**
- FEE AMOUNTS Fee amounts are 1, 2010.
- PREPAYMENT C FOR TESTING **IRED**

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Addre: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
LAZARICK CHATMAN	10/8/15	4:15	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel, 1- Water Supply Operator, 2- DEQ DW staff, 3- Private Citizen, 4 - DEQ Staff other than DW, 6- MDA Staff, 9- Other)	System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): 3800 RICHFIELD RD	Township (If known)	Section (If known)
City: FLINT / County: GENESEE	ZIP Code	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address	City of Flint G99952200
City	PO Box 246
	Flint, MI 48505
DO NOT SEND CAS	CCUB 36CC $26.00

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMI

REQUES LF87393

Data Coding 51001502

- Sample Collectic this form
- FEE AMOUNTS ON 10/13/15 2:30 PM 2010.
  Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glasgow 810-787-6537	E-mail address
Mailing Ad	4500 N. Dort Hwy.	Area Code & Phone number
City	Flint, MI 48505	State / ZIP Code
	mglasgow@cityofflint.com	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
MILTON E. TUCKER	10/8/15	7:30	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3) Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
3040 GLOUCESTER ST.		
City: Flint / County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000766

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200	
City: PO Box 246	
Flint, MI 48505	
DO NOT SEND CASH: CCUB 36CC $26.00	

DEQ DRINKING WATER AND ENVIRONMENTAL DEPARTMENT

LF87394

REQUEST Data Coding 51001502

- **Sample Collection** 10/13/15 2:30 PM ...is form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Address: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
NANCY STROUP	10/8/15	5:45	~~AM~~ PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name: City of Flint	
Collection Site (Street Address): 822 FRANK ST	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000767

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr City of Flint G99952200 PO Box 246 City Flint, MI 48505 DO N CCUB 36CC $26.00 SEND C.	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST F ... ANALYSIS

LF87395
Data Coding
51001502

- **Sample Collection** ...s form
- FEE AMOUNTS ON T ... 10.
  Fee amounts are sub
- PREPAYMENT OR L ... D
  FOR TESTING

10/12/15 2:30 PM

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name Mike Glasgow 810-787-6537	E-mail address
Mailing Adc 4500 N. Dort Hwy.	Area Code & Phone number
City Flint, MI 48505 mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
CARMELA SLEVA	10/10/15	8:44	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name City of Flint	
Collection Site (Street Address) 2516 NOLEN DR.	Township (If known)	Section (If known)
City Flint / County Genesee	ZIP Code 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000768

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addres City of Flint G99952200	
City PO Box 246 Flint, MI 48505	
DO NO CCUB 36CC $26.00 SEND CA	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST FOR ANALYSIS

LF87396 Data Coding 51001502 10/13/15 2:30 PM

- **Sample Colle** ...he back of this form
- FEE AMOUNTS ON ... JAN. 1, 2010. Fee amounts are subje...
- PREPAYMENT OR DWL ... IRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	...ns call us at:
2310	☑ Yes ☐ No	335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Addres 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MIKKI WADE	10/12/15	10:00	(AM) PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name: City of Flint	
Collection Site (Street Address): 2001 N. CENTER RD.	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): BATHROOM	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
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CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000769

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr: City of Flint G99952200 / ~~SSN 2310~~	
City: PO Box 246	
Flint, MI 48505	
DO N: CCUB 36CC $26.00	
SEND C	

DEQ DRINKING WATER LABOR... DEPART...

REQUE LF87397

Data Coding 51001502 10/13/15 2:30 PM

- Sample Collect... ...f this form
- FEE AMOUNTS C... ...1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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7 - Surface Water (includes bathing beach and wastewater discharge)
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9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
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6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Addre: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One: ~~AM~~ PM)
VIVIAN DOSA	10/12/15	4:30

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code (Circle One): 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name	
Collection Site (Street Address): 3224 N. AVERILL AVE	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000770

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre	City of Flint G99952200 / SSN 2310
City	PO Box 246
	Flint, MI 48505
DO NC	CCUB 36CC $26.00
SEND CA	

DEQ DRINKING WATER LABORATORY - LANSING
DEPA TY
REQU LF87398 S
Data Coding
- Sample Coll 51001502 k of this form
- FEE AMOUNT 10/13/15 2:30 PM N. 1, 2010.
  Fee amounts are subject to annual change.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glasgow 810-787-6537	E-mail address	
Mailing Addre	4500 N. Dort Hwy.	Area Code & Phone number	
City	Flint, MI 48505	State	ZIP Code
	mglasgow@cityofflint.com		

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
WALTER SLANN	10/8/15	8:30	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
Collection Site (Street Address) 3711 JOAL LN.	Township (If known)	Section (If known)
City Flint / County Genesee	ZIP Code 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000771

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr: City of Flint G99952200 / SSN 2310	
City: PO Box 246 Flint, MI 48505	
DO N: CCUB 36CC $26.00 SEND C.	

DEQ DRINKING W DEPARTME

LF87399

REQUES Data Coding 51001502

- Sample Collectic 10/13/15 2:30 PM this form
- FEE AMOUNTS ON THIS FORM ARE [illegible] 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Addres: 4500 N. Dort Hwy. Flint, MI 48505	Area Code & Phone number
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DONNA HENZAREK	10/9/15	4:30	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
	City of Flint
Collection Site (Street Address): 4301 OGEMA AVE	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code: 48507 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000772

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Adr City of Flint G99952200 / SSN 2310	
City PO Box 246	
Flint, MI 48505	
DO N CCUB 36CC $26.00	
SEND (	

DEQ DRINKING W DEPARTMEI

LF87400
Data Coding
51001502

REQUEST

- **Sample Collection** 10/13/15 2:30 PM **is form**
- FEE AMOUNTS ON TI ...ECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Address 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
KIETH MOREY	10/13/15	4:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	City of Flint
Collection Site (Street Address) 1310 FOREST HILL ST.	Township (If known) / Section (If known)
City Flint / County Genesee	ZIP Code 48504 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr: City of Flint G99952200 / ~~SSN 2310~~	
City: PO Box 246 Flint, MI 48505	
DO N: CCUB 36CC $26.00 SEND C	

DEQ DRINKING WATER LABORATORY - L... DEPARTMENT OF ENVIRO...

REQUES LF87401 Data Coding 51001502 10/13/15 2:30 PM

- Sample Collectio... ...is form
- FEE AMOUNTS ON ... J10. Fee amounts are subj...
- PREPAYMENT OR DW... ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Add: 4500 N. Dort Hwy. Flint, MI 48505	Area Code & Phone number
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DORIS ALLEN	10/8/15	3:00	AM PM

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	City of Flint
Collection Site (Street Address): 329 W. ELDRIDGE AVE	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code: 48505 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
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TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000774

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Adr' City of Flint G99952200 / SSN 2310	
City PO Box 246	
Flint, MI 48505	
DO N CCUB 36CC $26.00	
SEND (	

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMEI

REQUEST LF87402

Data Coding 51001502

10/13/15 2:30 PM

- **Sample Collection** ...is form
- FEE AMOUNTS ON T ...10. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
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- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- 0 - Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
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- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	Mike Glasgow 810-787-6537	E-mail address	
Mailing Address	4500 N. Dort Hwy.	Area Code & Phone number	
	Flint, MI 48505		
City	mglasgow@cityofflint.com	State	ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
PETER PEREZ	10/6/15	7:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name: City of Flint	
Collection Site (Street Address): 2250 NOLEN DR.	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): BATHROOM	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
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CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200	
City: PO Box 246	
Flint, MI 48505	
DO NOT SEND: CCUB 36CC $26.00	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST FOR

LF87403
Data Coding
51001502
10/13/15 2:30 PM

- **Sample Collection** ... is form
- FEE AMOUNTS ON T ... 10.
  Fee amounts are subje
- PREPAYMENT OR DV ... ER IS REQUIRED
  FOR TESTING

WSSN (Type I-II Public Water), or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
- 0 - Single Family Dwelling
- 1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
- 2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
- 3 - TYPE III (all other public supplies, duplex, small office, etc.)
- 7 - Surface Water (includes bathing beach and wastewater discharge)
- 8 - Swimming pool or Spa
- 9 - Other

SAMPLING PURPOSE - *Circle One*
- 0 - Routine Monitoring
- 1 - Real Estate Transaction
- 2 - Repeat Sample
- 3 - Repair/Construction/New Well
- 5 - Water Quality Problem
- 9 - Other

SAMPLE POINT - *Circle One*
- 1- Public System Well
- 2- Public System Surface Water
- 3- Untreated Public Distribution System
- 4- Treated Public Distribution System
- 5 - Untreated Private Well
- 6 - Treated/Softened Private Well
- 7 - Pressure Tank/Plant Tap
- 9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Address: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
GREG BROWN	10/9/15	8:30	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
3	City of Flint	
Collection Site (Street Address): 5838 EDGAR HOLT DR.	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48505	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000776

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200	
City: PO Box 246 Flint, MI 48505	
DO NOT SEND CAS: CCUB 36CC $26.00	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

RE ...YSIS

LF87404
Data Coding
51001502

- Sample (... back of this form
- FEE AMC ... E JAN. 1, 2010.
  Fee amou 10/13/15 2:30 PM
- PREPAYMENT OR ... S REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
(0) Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Addre 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One AM / PM)
MICHAEL DALY	10/9/15	9:00

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff (3)- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
Collection Site (Street Address): 3156 DAKOTA AVE	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000777

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing City of Flint G99952200 / SSN 2310 PO Box 246 Flint, MI 48505 CCUB 36CC $26.00	

DEQ DRINK DEPAR

LF87405

Data Coding 51001502

REQUI

- Sample Colle 10/13/15 2:30 PM . of this form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537 4500 N. Dort Hwy. Flint, MI 48505 mglasgow@cityofflint.com	Area Code & Phone number
City	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
TIMOTHY L. BAUSACK	10/8/15	7:00	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	City of Flint
Collection Site (Street Address) 1401 WOODLAWN PARK DR	Township (If known) / Section (If known)
City Flint / County Genesee	ZIP Code 48503 / Well (if more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
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TEST CODE	UNIT#	FEE
CCUB	~~36CC~~ 36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000778

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Ad: City of Flint G99952200 / SSN 2310 PO Box 246 Flint, MI 48505 CCUB 36CC $26.00	
City	
DO I SEND	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQU LF87406 S

- Sample Colle Data Coding x of this form
- FEE AMOUNT: 51001502 J. 1, 2010.
  Fee amounts a 10/13/15 2:30 PM
- PREPAYMENT OR DWL ACCOUNT NUMBER REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - ***Circle One***
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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9 - Other

SAMPLING PURPOSE - ***Circle One***
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - ***Circle One***
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Address: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
JERALD FRICK	10/9/15	5:00	

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
	City of Flint	
Collection Site (Street Address): 705 SIMCOE AVE	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48507	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000779

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / ~~SSN 2310~~	
City: PO Box 246 Flint, MI 48505	
DO NOT SEND CAS: CCUB 36CC $26.00	

DEQ DRINK DEPAR

LF87407
Data Coding
51001502
10/13/15 2:30 PM

REQU

- Sample Collection ... k of this form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
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0 - Routine Monitoring
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SAMPLE POINT - *Circle One*
1- Public System Well
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Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Ad: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
KMS (FLINT HOUSING COMM.)	10/9/15	8:30	AM PM

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
City of Flint		
Collection Site (Street Address): 2101 STEDRON ST.	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): BATHROOM	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
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CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000780

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr: City of Flint G99952200 / SSN 2310	
City: PO Box 246	
Flint, MI 48505	
DO N: CCUB 36CC $26.00	
SEND C	

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQ LF87408 IS

Data Coding 51001502

- Sample Co ick of this form
- FEE AMOUN AN. 1, 2010.
  Fee amounts 10/13/15 2:30 PM
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Add: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ADAM CORNELL	10/9/15	8:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name: City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
3200 ROBERT T. LONGWAY		
City: Flint / County: Genesee	ZIP Code: 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN (BREAKROOM)	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr: City of Flint G99952200 / ~~SSN 2310~~	
City: PO Box 246 Flint, MI 48505	
DO N(CCUB 36CC $26.00 SEND C.	

DEQ DRINKING WATER LABORATORY - LANSING DEPARTMENT ENVIRONMENTAL QUALITY

REQUEST F LF87409 Data Coding 51001502 10/13/15 2:30 PM

- **Sample Collection** ... s form
- FEE AMOUNTS ON TI ... 10.
  Fee amounts are subject to an...
- PREPAYMENT OR DWL ACCOUNT NUMBER IS RE... FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Ad: 4500 N. Dort Hwy.	Area Code & Phone number
City: Flint, MI 48505 mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
MELBA BEEMER	10/7/15	12:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
Collection Site (Street Address): 340 BUCKINGHAM AVE.	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / ~~SSN 2310~~	
City: PO Box 246	
Flint, MI 48505	
DO NOT SEND CAS: CCUB 36CC $26.00	

DEQ DRIN DEPA

LF87410
Data Coding
51001502

REQ IS

- Sample Co 10/13/15 2:30 PM
- FEE AMOUNTS ON THIS FOR... AN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

ck of this form

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name: Mike Glasgow 810-787-6537	E-mail address
Mailing Address: 4500 N. Dort Hwy.	Area Code & Phone number
City: Flint, MI 48505	State / ZIP Code
mglasgow@cityofflint.com	

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
ALBERT UYEMURA	10/7/15	4:05	AM / PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
Collection Site (Street Address): 1005 LAPEER RD.	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): DRINKING FOUNTAIN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000783

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / ~~SSN 2310~~	
City: PO Box 246 Flint, MI 48505	
DO SEND: CCUB 36CC $26.00	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST FOR WATER ANALYSIS

LF87411
Data Coding
51001502
10/13/15 2:30 PM

- **Sample Collecti** ... **this form**
- FEE AMOUNTS O ... , 2010.
  Fee amounts are ...
- PREPAYMENT O ... RED
  FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - ***Circle One***
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SAMPLING PURPOSE - ***Circle One***
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1 - Real Estate Transaction
2 - Repeat Sample
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SAMPLE POINT - ***Circle One***
1- Public System Well
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9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Addre: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
RITA KENNARD	10/8/15	4:50	~~AM~~ PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other → 0

System/Owner Name: City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
6707 PARKBELT DR.		
City: Flint / County: Genesee	ZIP Code: 48505	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
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CAS	36ME	Arsenic	**$18.00**	
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CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.0

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000784

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Add: City of Flint G99952200 / ~~SSN 2310~~	
City: PO Box 246 Flint, MI 48505	
DO N / SEND C: CCUB 36CC $26.00	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTM[illegible] OF ENVIRONMENTAL QUALITY

REQUE[illegible] ANALYSIS

LF87412 Data Coding 51001502

- **Sample Coll[illegible]** **of this form**
- FEE AMOUN[illegible] 10/13/15 . 1, 2010.
  Fee amounts a[illegible]
- PREPAYMENT OR DW[illegible] 2:30 PM .QUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
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SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name: Mike Glasgow 810-787-6537	E-mail address: mglasgow@cityofflint.com
Mailing A: 4500 N. Dort Hwy.	Area Code & Phone number
City: Flint, MI 48505	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MARILYN CAMPBELL	10/9/15	8:00	~~AM~~ PM

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name: City of Flint	
Collection Site (Street Address): 924 ANDERSON AVE	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48507	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): BATHROOM	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
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CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000785

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addres: City of Flint G99952200 / SSN 2310	
City: PO Box 246	
Flint, MI 48505	
DO NO: CCUB 36CC $26.00	
SEND CA	

DEQ LF87413
Data Coding
51001502

- LANSING
AL QUALITY

NALYSIS

- San 10/13/15 2:30 PM ...n the back of this form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
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WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine? ☑ Yes ☐ No	For questions call us at: (517) 335-8184

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9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name: Mike Glasgow 810-787-6537	E-mail address
Mailing Addr: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name: MIKE SCHLENNER	Date Collected: 10/9/15	Time Collected: 6:00 Circle One AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name: City of Flint
Collection Site (Street Address): 359 TENNYSON AVE	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code: 48507 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000786

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200	
City: PO Box 246 Flint, MI 48505	
DO NO SEND CA: CCUB 36CC $26.00	

DEQ DF DE RE LF87414 Data Coding 51001502 ING ALITY 'SIS

10/13/15 2:30 PM

- Sample Co... back of this form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☒ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glasgow 810-787-6537		
Mailing Addres: 4500 N. Dort Hwy.	Area Code & Phone number	
Flint, MI 48505		
City: mglasgow@cityofflint.com	State	ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DEWA CAPPEL	10/7/15	8:30	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)		System/Owner Name	
		City of Flint	
Collection Site (Street Address): 1106 KENSINGTON AVE		Township (If known)	Section (If known)
City: Flint	County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN		Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:
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- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre: City of Flint G99952200	
City: PO Box 246	
Flint, MI 48505	
DO NO: CCUB 36CC $26.00	
SEND CA	

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQU[illegible]S

LF87415
Data Coding
51001502

- Sample Coll[illegible] :k of this form
- FEE AMOUNT[illegible] .N. 1, 2010.
  Fee amounts a 10/13/15 2:30 PM
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Addr: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DAWN HERRON	10/12/15	3:48	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	City of Flint
Collection Site (Street Address): 902 E. COURT ST	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code: 48503 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000788

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Ad' City of Flint G99952200	
City PO Box 246	
Flint, MI 48505	
DO I CCUB 36CC $26.00	
SEND (	

DEQ DRINKING WATER DEPARTMENT

LF87416

Data Coding 51001502

REQUEST

- **Sample Collectior** 10/13/15 2:30 PM **.nis form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name Mike Glasgow 810-787-6537	E-mail address
Mailing A 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
MAXWELL TAYLOR	10/8/15	7:05	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
0	City of Flint
Collection Site (Street Address) 3405 WESTWOOD PKY.	Township (If known) / Section (If known)
City Flint / County Genesee	ZIP Code / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000789

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre: City of Flint G99952200	
City: PO Box 246	
Flint, MI 48505	
DO NC: CCUB 36CC $26.00	
SEND CA	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQU

LF87417

Data Coding
51001502

- Sample Colle : of this form
- FEE AMOUNT: Fee amounts a 10/13/15 2:30 PM 1, 2010.
- PREPAYMENT OR DWE AC QUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	Yes / No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name: Mike Glasgow 810-787-6537	E-mail address: mglasgow@cityofflint.com
Mailing Ad: 4500 N. Dort Hwy.	Area Code & Phone number
City: Flint, MI 48505	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
NOELLE KETCHUM	10/8/15	7:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name: City of Flint	
Collection Site (Street Address): 2565 BAGLEY ST.	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
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CAS	36ME	Arsenic	**$18.00**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000790

27

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200	
City: PO Box 246	
Flint, MI 48505	
DO NOT SEND: CCUB 36CC $26.00	

DEQ DRINKING WATER DEPARTMENT

LF87418

REQUEST Data Coding 51001502

- **Sample Collection** 10/13/15 2:30 PM **is form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Address: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
JAMES RAY	10/12/15	3:45	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
	City of Flint
Collection Site (Street Address): 820 GARLAND	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code: 48505 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200	
City: PO Box 246	
Flint, MI 48505	
DO NOT SEND CAS: CCUB 36CC $26.00	

DEQ DRIN... DEP ...ATER LABORATORY - LANSING ...ENVIRONMENTAL QUALITY

RE... ...NALYSIS

LF87419
Data Coding
51001502

- Sample 10/13/15
- FEE AMOUN... ...ack of this form
  Fee amounts are subj... 2:30 PM ...: JAN. 1, 2010.
- PREPAYMENT OR DWL AC... ...S REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing A: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
BENJAMIN LUCKETT	10/8/15	5:30	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other → 3

System/Owner Name: City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
1160 DUPONT ST.		
City: Flint / County: Genesee	ZIP Code: 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000792

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200	
City: PO Box 246	
Flint, MI 48505	
DO NO CCUB 36CC $26.00	
SEND CA	

DEQ DRINK… DEPA… …R LABORATORY - LANSING …RONMENTAL QUALITY

LF87420 Data Coding 51001502

10/13/15 2:30 PM

REQ … …ALYSIS

- Sample C… …ck of this form
- FEE AMOUNTS … …JAN. 1, 2010.
  Fee amounts are subject…
- PREPAYMENT OR DWL ACCO… …, REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
(9) - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Ad: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
AMY HEGWOOD	10/13/15	5:50	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
(3)	City of Flint	
Collection Site (Street Address): 1622 E. HAMILTON AVE	Township (If known)	Section (If known)
City: Flint / County: (Genesee)	ZIP Code: 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / SSN 2310	
City: PO Box 246	
Flint, MI 48505	
DO NOT CCUB 36CC $26.00	
SEND CAS	

DEQ DRI DEP REQ

LF87421
Data Coding
51001502

IG ITY IS

10/13/15 2:30 PM

- **Sample Coll ... are on the back of this form**
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Ad: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One AM PM)
TOM McCABE	10/12/15	7:30

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
3	City of Flint
Collection Site (Street Address): UNKNOWN	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

- Check box next to Test Code(s) of desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000794

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Add: City of Flint G99952200 / SSN 2310	
City: PO Box 246	
Flint, MI 48505	
DO N: CCUB 36CC $26.00	
SEND C	

DEQ DRIN… DEP… LF87422 Data Coding 51001502 …IG …ITY

REQ… …IS

- Sample Coll… …k of this form
- FEE AMOUNT 10/13/15 2:30 PM …AN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name: Mike Glasgow 810-787-6537	E-mail address: mglasgow@cityofflint.com
Mailing Address: 4500 N. Dort Hwy.	Area Code & Phone number
City: Flint, MI 48505	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
CHIP WUTTKE	10/8/15	4:14	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name: City of Flint	
Collection Site (Street Address): 3011 N. CENTER RD.	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48506	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
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INSTRUCTIONS:

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr--- City of Flint G99952200	
City PO Box 246	
Flint, MI 48505	
DO N CCUB 36CC $26.00	
SEND C	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

RE(LF87423 SIS

Data Coding 51001502

- Sample C
- FEE AMOU Fee amount
- PREPAYME FOR TESTING

10/13/15 2:30 PM

ack of this form JAN. 1, 2010.

NUMBER IS REQUIRED

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

(0) - Single Family Dwelling
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SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
(9) - Other

SAMPLE POINT - *Circle One*

1- Public System Well
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SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Ac 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
MEGHAN GANVREAU	10/12/15	8:10	AM (PM)

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
(0)	City of Flint
Collection Site (Street Address) 518 MASON ST	Township (If known) / Section (If known)
City Flint / County Genesee	ZIP Code 48503 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ⏩		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Add----- City of Flint G99952200	
City PO Box 246 Flint, MI 48505	
DO N CCUB 36CC $26.00 SEND C	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUE LF87424

Data Coding 51001502

10/13/15 2:30 PM

- **Sample Collect** ... f this form
- FEE AMOUNTS C ... , 2010.
  Fee amounts are ...
- PREPAYMENT OF ... IRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☒ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Add 4500 N. Dort Hwy. Flint, MI 48505	Area Code & Phone number
City mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
ROBERT SWANSON	10/12/15	8:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name	
Collection Site (Street Address) 1920 COLCHESTER RD.	Township (If known)	Section (If known)
City Flint / County Genesee	ZIP Code 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
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- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000797

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre City of Flint G99952200	
City PO Box 246	
Flint, MI 48505	
DO NO CCUB 36CC $26.00	
SEND CA	

DEQ DRINKING WATER LABORATORY - LANSING
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST LF87425

Data Coding 51001502

10/13/15 2:30 PM

- **Sample Collection** ...is form
- FEE AMOUNTS ON T ...)10.
  Fee amounts are subj
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Addre 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
JIMMY HARRIOTT	10/12/15	8:05	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other → 3

System/Owner Name: City of Flint

Collection Site (Street Address)	Township (If known)	Section (If known)
1025 E. KEARSLEY ST #2		
City: Flint / County: Genesee	ZIP Code	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000798

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addres: City of Flint G99952200	
City: PO Box 246	
Flint, MI 48505	
DO NO: CCUB 36CC $26.00	
SEND CA	

DEQ DRINKING WATER LABORATORY - LANSING DEPART

REQUE LF87426

Data Coding 51001502

10/13/15 2:30 PM

- Sample Collect … if this form
- FEE AMOUNTS C … , 2010.
  Fee amounts are s…
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Addr: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
FLINT YOUTH THEATRE	10/12/15	6:30	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
	City of Flint
Collection Site (Street Address): 1220 E. KEARSLEY ST.	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): DRINKING FOUNTAIN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000799

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr	City of Flint G99952200
City	PO Box 246
	Flint, MI 48505
DO N	CCUB 36CC $26.00
SEND C	

DEQ DRINKING WATER DEPARTMENT OF ...ATORY - LANSING ...UALITY

LF87427 Data Coding 51001502

REQUEST FO ... **orm**

- **Sample Collection In** 10/13/15 2:30 PM
- FEE AMOUNTS ON THIS ... Fee amounts are subject to annual ch...
- PREPAYMENT OR DWL ACCOUNT NUMBER IS R... FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

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SAMPLING PURPOSE - *Circle One*

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1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

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2- Public System Surface Water
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4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Addr 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
FLINT YOUTH THEATRE	10/12/15	6:30	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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3	City of Flint
Collection Site (Street Address): 1221 S. KEARSLEY ST	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000800

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 PO Box 246 Flint, MI 48505 CCUB 36CC $26.00	

DEQ DRINKING ... DEPARTM... ...ATORY - LANSING ... QUALITY

LF87428
Data Coding
51001502
10/13/15
2:30 PM

REQUE

- **Sample Colle...** ...of this form
- FEE AMOUNTS ON THIS ... 1, 2010. Fee amounts are subject to annual ...
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
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SAMPLE SOURCE - *Circle One*

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0 - Routine Monitoring
1 - Real Estate Transaction
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9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537 4500 N. Dort Hwy. Flint, MI 48505 mglasgow@cityofflint.com	Area Code & Phone number State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
DAWN HERRON	10/12/15	3:40	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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	City of Flint	
Collection Site (Street Address) 4060 MARTIN LUTHER KING AVE	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.) KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

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TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addr: City of Flint G99952200 / ~~SSN 2310~~	
City: PO Box 246 Flint, MI 48505	
DO N(SEND C.: CCUB 36CC $26.00	

DEQ DRII DEP — LF87429 — Data Coding 51001502 — REQ — IG ITY IS

- Sample Co: 10/13/15 2:30 PM ...ck of this form
- FEE AMOUNTS ON THIS FORM ARE EFFECTIVE JAN. 1, 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
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SAMPLE POINT - *Circle One*
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7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name: Mike Glasgow 810-787-6537	E-mail address:
Mailing Address: 4500 N. Dort Hwy.	Area Code & Phone number:
City: Flint, MI 48505 mglasgow@cityofflint.com	State: / ZIP Code:

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DORIS ALLEN	10/11/15	5:20	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name: CITY OF FLINT	
Collection Site (Street Address): 329 W. ELDRIDGE AVE.	Township (If known):	Section (If known):
City: Flint / County: Genesee	ZIP Code: 48505	Well (If more than one) Number:
Sampling Point (kitchen, bath, etc.): BATHROOM	Site Code or Permit Number (If known):	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Adr: City of Flint G99952200 / SSN 2310	
City: PO Box 246 Flint, MI 48505	
DO N: CCUB 36CC $26.00	
SEND (	

DEQ DRINKING WATER … DEPAR…

REQU… LF87430 Data Coding 51001502 10/13/15 2:30 PM

- Sample Collec… of this form
- FEE AMOUNTS (… EFFECTIVE JAN. 1, 2010. Fee amounts are … to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Addres: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
DEMETRIUS HUNTER	10/8/15	7:13	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name		
City of Flint		
Collection Site (Street Address): 2020 RASKOB ST.	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	$16.00	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	$18.00	
CAS	36ME	Arsenic	$18.00	
CPB	36ME	Lead	$18.00	
CCUB	36CC	Lead/Copper for corrosion control	$26.00	✓
CXVO	36VO	Volatile Organic Compounds	$100.00	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	$175.00	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	$15.00	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	$25.00	

INSTRUCTIONS:

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- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000803

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200 / ~~SSN 2310~~	
City: PO Box 246	
Flint, MI 48505	
DO N(CCUB 36CC $26.00	
SEND C.	

DEQ DRINKING WATER LABORA... DEPARTM...

LF87431

Data Coding 51001502

REQUES...

- Sample Collectio... his form
- FEE AMOUNTS ON ... 10/13/15 2:30 PM ..., 2010. Fee amounts are subject to annual changes.
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Addr: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected (Circle One AM PM)
HELENE STREICH	10/12/15	6:15

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

System/Owner Name	
City of Flint	
Collection Site (Street Address): 1705 LAUREL OAK DR	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code: 48507 / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000804

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Add: City of Flint G99952200 / SSN 2310 PO Box 246 City: Flint, MI 48505 DO N: CCUB 36CC $26.00 SEND C	

DEQ D ... LABORATORY - LANSING
D ... QUALITY
R... YSIS

LF87432
Data Coding
51001502
10/13/15
2:30 PM

- Sample ... back of this form
- FEE AM... VE JAN. 1, 2010.
  Fee amounts are subject to ...
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537 Mailing Add: 4500 N. Dort Hwy. Flint, MI 48505 City: mglasgow@cityofflint.com	Area Code & Phone number State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One
John W. Nichols	10/9/15	8:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One*: 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name	
Collection Site (Street Address): 2010 CASTLE LN.	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48504	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

EQP 2300 (Front) (04/2015)

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200	
City: PO Box 246	
Flint, MI 48505	
DO N CCUB 36CC $26.00	
SEND C	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUE LF87433 Data Coding 51001502

- Sample Collec … of this form
- FEE AMOUNTS (… 1, 2010.
  Fee amounts are 10/13/15 2:30 PM
- PREPAYMENT O… IRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
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7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing A: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	Circle One AM PM
VANESSA BENWAY	10/12/15	6:30	

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Collector Code *Circle One* (0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other)	System/Owner Name
	City of Flint
Collection Site (Street Address): 714 LELAND ST	Township (If known) / Section (If known)
City: Flint / County: Genesee	ZIP Code / Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
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TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000806

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addre: City of Flint G99952200	
City: PO Box 246	
Flint, MI 48505	
DO NC CCUB 36CC $26.00	
SEND CA	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST

LF87434
Data Coding
51001502

- **Sample Collection** is form
- FEE AMOUNTS ON T 10.
  Fee amounts are subj
- PREPAYMENT OR D 10/13/15 2:30 PM)
  FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2370	☒ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - ***Circle One***
0 - Single Family Dwelling
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7 - Surface Water (includes bathing beach and wastewater discharge)
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SAMPLING PURPOSE - ***Circle One***
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
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9 - Other

SAMPLE POINT - ***Circle One***
1- Public System Well
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9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Nam	Mike Glasgow 810-787-6537	E-mail address	
Mailii	4500 N. Dort Hwy.	Area Code & Phone number	
City	Flint, MI 48505 mglasgow@cityofflint.com	State	ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
JAMES RAY	10/12/15	4:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

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Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name: City of Flint	
Collection Site (Street Address): 906 GARLAND	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48505	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000807

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Address: City of Flint G99952200	
City: PO Box 246	
Flint, MI 48505	
DO: CCUB 36CC $26.00	n
SEND	

DEQ DRINKING WATER LABORATORY - **LANSING**
DEPARTMENT OF ENVIRONMENTAL QUALITY

REQUEST

LF87435
Data Coding
51001502

- **Sample Collectio** ...this form
- FEE AMOUNTS ON ...2010.
  Fee amounts are su
- PREPAYMENT OR ... 10/13/15 2:30 PM ...ED
  FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	**For questions call us at:**
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - ***Circle One***
0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - ***Circle One***
0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - ***Circle One***
1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address
Mike Glasgow 810-787-6537	
Mailing Addr: 4500 N. Dort Hwy.	Area Code & Phone number
Flint, MI 48505	
City: mglasgow@cityofflint.com	State / ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	~~Circle One~~ AM PM
JIMMY MARRIOTT	10/12/15	8:00	

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code ***Circle One*** 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other

Collection Site (Street Address)	System/Owner Name	
1025 E. KEARSLEY ST	City of Flint	
City: Flint / County: Genesee	Township (If known)	Section (If known)
	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): DRINKING FOUNTAIN	Site Code or Permit Number (If known): FLINT INSTITUTE of MUSIC	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	☑
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:
- Check box next to Test Code(s) of desired analysis.
- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
- For other types of testing, enter the TEST CODE, UNIT# (located on the sample bottle) and FEE in the area on the right side of this section.
- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$26.00
TOTAL OF ALL FEES ▸▸		$26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

BILLING INFORMATION *PLEASE PRINT*

Name	DWL Account Number
Mailing Addres: City of Flint G99952200	
City: PO Box 246	
Flint, MI 48505	
DO NO: CCUB 36CC $26.00	
SEND CA:	

DEQ DRINKIN DEPART ...TORY - LANSING ...UALITY

REQU!

LF87436 Data Coding 51001502 10/13/15 2:30 PM

- Sample Colle... ...of this form
- FEE AMOUNTS ON THIS ... ...N. 1, 2010. Fee amounts are subject to annual cha...
- PREPAYMENT OR DWL ACCOUNT NUMBER IS REQUIRED FOR TESTING

WSSN (Type I-II Public Water) or Pool Serial Number	Does sample contain chlorine?	For questions call us at:
2310	☑ Yes ☐ No	(517) 335-8184

SAMPLE SOURCE - *Circle One*

0 - Single Family Dwelling
1 - TYPE I (community, apartment, subdivision, mobile home park, etc., with 25 or more residents year round)
2 - TYPE II (school, industry, restaurant, office, etc., serving 25 or more persons - 60 days or more per year)
3 - TYPE III (all other public supplies, duplex, small office, etc.)
7 - Surface Water (includes bathing beach and wastewater discharge)
8 - Swimming pool or Spa
9 - Other

SAMPLING PURPOSE - *Circle One*

0 - Routine Monitoring
1 - Real Estate Transaction
2 - Repeat Sample
3 - Repair/Construction/New Well
5 - Water Quality Problem
9 - Other

SAMPLE POINT - *Circle One*

1- Public System Well
2- Public System Surface Water
3- Untreated Public Distribution System
4- Treated Public Distribution System
5 - Untreated Private Well
6 - Treated/Softened Private Well
7 - Pressure Tank/Plant Tap
9 - Other

SENDER INFORMATION *PLEASE PRINT* **NOTE: RESULTS WILL BE AUTOMATICALLY COPIED TO LOCAL COUNTY HEALTH DEPARTMENT**

Name	E-mail address	
Mike Glasgow 810-787-6537		
Mailing A: 4500 N. Dort Hwy.	Area Code & Phone number	
Flint, MI 48505		
City: mglasgow@cityofflint.com	State	ZIP Code

SAMPLE COLLECTION INFORMATION *PLEASE PRINT*

Sample Collector Name	Date Collected	Time Collected	*Circle One*
HOWARD ESTATES	10/9/15	10:00	AM PM

☐ Do **NOT** analyze my sample(s) if received past the EPA specified hold time. (Hold times are indicated on the sample bottle.) **THE DATE AND TIME COLLECTED MUST BE FILLED OUT!**

☐ Analyze my sample(s) even if received beyond the EPA specified hold time.

NOTE: If a selection is not made, your sample(s) will be analyzed. Although samples analyzed beyond hold time typically cannot be used for compliance purposes, the results may still have informational value.

Collector Code *Circle One* 0 - County Personnel 1- Water Supply Operator 2- DEQ DW staff 3- Private Citizen 4 - DEQ Staff other than DW 6- MDA Staff 9- Other	System/Owner Name: City of Flint	
Collection Site (Street Address): 801 FLORAL PK.	Township (If known)	Section (If known)
City: Flint / County: Genesee	ZIP Code: 48503	Well (If more than one) Number
Sampling Point (kitchen, bath, etc.): KITCHEN	Site Code or Permit Number (If known)	

TESTING REQUEST INFORMATION (REQUIRED)

TEST CODE	REQUIRED UNIT #	DRINKING WATER OR POOL/SPA TEST	FEE	✓
B	30	Coliforms/E. coli (Bacteriology) **30 hour hold time**	**$16.00**	
R	32	Automated Partial Chemistry, *including Fluoride, Chloride, Hardness, Nitrate, Nitrite, Sulfate, Sodium and Iron* **48 hour hold time**	**$18.00**	
CAS	36ME	Arsenic	**$18.00**	
CPB	36ME	Lead	**$18.00**	
CCUB	36CC	Lead/Copper for corrosion control	**$26.00**	✓
CXVO	36VO	Volatile Organic Compounds	**$100.00**	
CXTM/HA	36VO & 36HA	Disinfection Byproducts Rule (TTHM & Haloacetic Acids)	**$175.00**	
TEST CODE	**REQUIRED UNIT #**	**SURFACE OR WASTEWATER TEST (Pond, Lake, Ditch, etc.)**	**FEE**	
NPEC-LO	30	E. coli (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPEC-HI	30	E. coli (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	
NPFC-LO	30	Fecal Coliform (Counts 10 - 10,000) *delivery to lab-6 hours*	**$15.00**	
NPFC-HI	30	Fecal Coliform (Counts 10 - 1,000,000) *delivery to lab-6 hours*	**$25.00**	

INSTRUCTIONS:

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- Check the UNIT# **on bottle** to ensure you have the REQUIRED UNIT for desired analysis.
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- Refer to the full Testing Fee Schedule available from county health departments and DEQ Drinking Water Laboratory for other types of testing. **Fee amounts are subject to annual changes.**

TEST CODE	UNIT#	FEE
CCUB	36CC	$ 26.00
TOTAL OF ALL FEES ▸▸		$ 26.00

Submit White Copy With Sample - Keep Yellow Copy For Your Records

000809

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF47179

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2205 FLUSHING RD,FLINT	Source:	TYPE I	
Collected By:	CHRIS BEATENHEAD	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	11/19/2014	06:00
Sample Point:	KITCHEN	Date Received:	11/21/2014	10:35
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.11	11/25/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	11/25/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000810

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF47180

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3814 WHITTER AVE,FLINT	Source:	TYPE I	
Collected By:	BRIAN URCH	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	11/20/2014	06:45
Sample Point:	BATHROOM	Date Received:	11/21/2014	10:35
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	11/25/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	11/25/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF47541

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3521 BENNETT AVE,FLINT	Source:	TYPE I	
Collected By:	BRENT WRIGHT	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	11/21/2014	05:15
Sample Point:	KITCHEN	Date Received:	11/26/2014	08:41
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/02/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	12/02/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000812

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF47542

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1914 PENBROOK LN,FLINT	Source:	TYPE I	
Collected By:	KARL ADKINS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	11/20/2014	06:10
Sample Point:	BATHROOM	Date Received:	11/26/2014	08:41
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/02/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/02/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF47543

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	305 ALLENDALE PL,FLINT	Source:	TYPE I	
Collected By:	ROBERT CASE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	11/24/2014	08:00
Sample Point:	KITCHEN	Date Received:	11/26/2014	08:41
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.13	12/02/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	12/02/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000814

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF48383

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	518 FROST ST,FLINT	Source:	TYPE I	
Collected By:	STEVEN TAYLOR	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/01/2014	11:00
Sample Point:	KITCHEN	Date Received:	12/05/2014	10:57
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/09/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	12/09/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF48384

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3120 NORWOOD DR,FLINT	Source:	TYPE I	
Collected By:	TOM HUTCHINGS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/02/2014	06:15
Sample Point:	BATHROOM	Date Received:	12/05/2014	10:57
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/09/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/09/2014	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF48385

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1901 CRESTBROOK LN,FLINT	Source:	TYPE I	
Collected By:	MICHELLE JOYNER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	11/25/2014	08:10
Sample Point:	KITCHEN	Date Received:	12/05/2014	10:57
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	12/09/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/09/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Sample Number
LF48386

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3727 MARYLAND AVE,FLINT	Source:	TYPE I	
Collected By:	JOSHUA FREEMAN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/03/2014	06:00
Sample Point:	KITCHEN	Date Received:	12/05/2014	10:57
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/09/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	12/09/2014	0.001	0.015	EPA 200.8	7439-92-1

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Sample Number
LF48387

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1220 BEARD ST,FLINT	Source:	TYPE I	
Collected By:	ANTHONY CHUBB	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/03/2014	07:45
Sample Point:	KITCHEN	Date Received:	12/05/2014	10:57
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	12/09/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.010	12/09/2014	0.001	0.015	EPA 200.8	7439-92-1

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RL : Reporting Limit

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MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
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Systems Mgmt. Unit Mgr: George Krisztian

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Sample Number
LF48388

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3718 DOLPHAINE LN,FLINT	Source:	TYPE I	
Collected By:	JON MOCHTY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/03/2014	04:30
Sample Point:	KITCHEN	Date Received:	12/05/2014	10:57
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/09/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/09/2014	0.001	0.015	EPA 200.8	7439-92-1

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RL : Reporting Limit

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Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Sample Number
LF48389

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2213 FLUSHING RD,FLINT	Source:	TYPE I	
Collected By:	RYAN DAVIS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/03/2014	18:15
Sample Point:	KITCHEN	Date Received:	12/05/2014	10:57
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.10	12/09/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	12/09/2014	0.001	0.015	EPA 200.8	7439-92-1

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
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MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Sample Number
LF49329

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	721 EAST ST APT #2,FLINT	Source:	TYPE I	
Collected By:	MELANIE POISSON	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/10/2014	06:30
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.12	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.009	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Sample Number
LF49330

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1125 BARRIE AVE,FLINT	Source:	TYPE I	
Collected By:	DAVID TAYLOR	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/05/2014	06:30
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Sample Number
LF49331

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1505 WOODLAWN PARK DR,FLINT	Source:	TYPE I	
Collected By:	MARY LAZAR	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/06/2014	09:30
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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AL : Action Level
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mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
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Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Sample Number
LF49332

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2622 WINDEMERE,FLINT	Source:	TYPE I	
Collected By:	MATT SELLY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/07/2014	08:00
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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Laboratory Contacts
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Systems Mgmt. Unit Mgr: George Krisztian

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Sample Number
LF49333

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3517 BENNETT,FLINT	Source:	TYPE I	
Collected By:	RANDY FREEMAN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/10/2014	07:00
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000826

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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Sample Number
LF49334

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	927 KENSINGTON AVE,FLINT	Source:	TYPE I	
Collected By:	DENNIS FULLER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/05/2014	07:30
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.11	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000827

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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FAX: (517) 335-8562

Sample Number
LF49335

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1109 KENSINGTON,FLINT	Source:	TYPE I	
Collected By:	JASON LORENZ	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/04/2014	08:11
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000828

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49336

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1901 MONTCLAIR AVE,FLINT	Source:	TYPE I	
Collected By:	MICHAEL KELLY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/05/2014	07:15
Sample Point:	BATHROOM	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49337

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1809 LYNBROOK,FLINT	Source:	TYPE I	
Collected By:	DAWN STEELE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/04/2014	04:30
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49338

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1130 SIMCOE AVE,FLINT	Source:	TYPE I	
Collected By:	KELLY PLUNKEY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/05/2014	05:50
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.05	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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AL : Action Level
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MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49339

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	413 BURROUGHS AVE,FLINT	Source:	TYPE I	
Collected By:	AMANDA TRUJILLO	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/04/2014	06:30
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
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MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49340

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2079 ZIMMERMAN,FLINT	Source:	TYPE I	
Collected By:	MICHAEL EVERETT	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/08/2014	07:00
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49341

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2615 WESTWOOD PKWY,FLINT	Source:	TYPE I	
Collected By:	LOUIS EMMERT	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/06/2014	06:24
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.28	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49342

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2441 NORBERT,FLINT	Source:	TYPE I	
Collected By:	PAT SEALS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/08/2014	04:30
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.008	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49343

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	711 KENSINGTON AVE,FLINT	Source:	TYPE I	
Collected By:	DON WOLFE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/09/2014	07:00
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49344

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2015 GOLD AVE,FLINT	Source:	TYPE I	
Collected By:	BRIAN HAGGINS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/04/2014	08:00
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49345

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	618 S MEADE ST,FLINT	Source:	TYPE I	
Collected By:	LOIS M LEE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/08/2014	07:12
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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810 257-3603

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mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49346

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2802 WESTWOOD PKWY,FLINT	Source:	TYPE I	
Collected By:	MARY COE RYAN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/05/2014	08:30
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.11	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49347

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	860 SCHAFER ST,FLINT	Source:	TYPE I	
Collected By:	DERRICK JONES	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/08/2014	04:30
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49348

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1021 S FRANKLIN AVE,FLINT	Source:	TYPE I	
Collected By:	ROBERT AGUIRRE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/05/2014	05:15
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49349

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1616 DURAND,FLINT	Source:	TYPE I	
Collected By:	LYNNE HURAND	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/05/2014	07:05
Sample Point:	MAIN BATHROOM	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.20	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000842

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49350

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:		
Collection Address:	928 DURAND,FLINT	Source:	TYPE I	
Collected By:	TONY EVERETT	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/07/2014	07:00
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49351

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2730 WESTWOOD PKWY,FLINT	Source:	TYPE I	
Collected By:	ELIZABETH MURPHY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/04/2014	07:00
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.29	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.023	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000844

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49352

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1543 KEARSLEY PARK BLVD,FLINT	Source:	TYPE I	
Collected By:	JACKIE KOZLOWICZ	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/04/2014	05:30
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49353

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2920 PARKSIDE DR,FLINT	Source:	TYPE I	
Collected By:	JANICE HENRY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/05/2014	07:40
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.22	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.010	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49354

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2721 WESTWOOD PKWY,FLINT	Source:	TYPE I	
Collected By:	D J TRELA	Site Code:		
Township/Well#/Section:	//	Collector:	Other	
County:	Genesee	Date Collected:	12/05/2014	09:15
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.11	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49355

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1002 DURAND ST,FLINT	Source:	TYPE I	
Collected By:	ANDREW EVERETT	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/04/2014	15:00
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.11	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49356

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2560 THOMAS ST,FLINT	Source:	TYPE I	
Collected By:	JESSICA SANCHEZ	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/04/2014	09:17
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:53
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49357

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	815 BRADLEY AVE,FLINT	Source:	TYPE I	
Collected By:	ELIZABETH IRELAND-CURTIS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/07/2014	07:45
Sample Point:	BATHROOM	Date Received:	12/11/2014	14:54
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.27	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49358

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	4013 BROWNELL BLVD,FLINT	Source:	TYPE I	
Collected By:	ADRIAN JONES	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/08/2014	08:15
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:54
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.08	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49359

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2418 GOLD AVE,FLINT	Source:	TYPE I	
Collected By:	KATHLEEN ADAMS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/10/2014	04:15
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:54
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49360

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	626 COMMONWEALTH AVE,FLINT	Source:	TYPE I	
Collected By:	HARRIET KENWORTHY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/05/2014	09:00
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:54
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49361

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	920 STOCKER AVE,FLINT	Source:	TYPE I	
Collected By:	MICHAEL TAYLOR	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/09/2014	04:40
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:54
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000854

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49362

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	430 WESTCOMBE AVE,FLINT	Source:	TYPE I	
Collected By:	ROBERT MACDONALD	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/09/2014	09:00
Sample Point:	MAIN BATHROOM	Date Received:	12/11/2014	14:54
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49363

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1623 NEOME DR,FLINT	Source:	TYPE I	
Collected By:	TAMAR LEWIS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/05/2014	06:38
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:54
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.007	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49364

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3802 GOREY AVE,FLINT	Source:	TYPE I	
Collected By:	SEVENA RODRIGUEZ	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/08/2014	10:00
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:54
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.05	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49365

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1720 DAVISON RD,FLINT	Source:	TYPE I	
Collected By:	JOSHUA FREEMAN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/04/2014	06:58
Sample Point:	UTILITY ROOM	Date Received:	12/11/2014	14:54
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.13	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49366

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2110 MOUNTAIN AVE,FLINT	Source:	TYPE I	
Collected By:	TIM COLLARDEY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/08/2014	15:16
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:54
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49367

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2006 CLEMENT ST,FLINT	Source:	TYPE I	
Collected By:	THOMAS HERTZ	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/03/2014	08:30
Sample Point:	BATHROOM	Date Received:	12/11/2014	14:54
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000860

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF49368

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2028 CORUNNA RD,FLINT	Source:	TYPE I	
Collected By:	PAUL EVERETT	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/07/2014	07:00
Sample Point:	KITCHEN	Date Received:	12/11/2014	14:54
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/12/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/12/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000861

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50201

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2829 YALE ST,FLINT	Source:	TYPE I	
Collected By:	CHRIS BAKAN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/10/2014	09:00
Sample Point:	KITCHEN	Date Received:	12/18/2014	11:14
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/19/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/19/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000862

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50202

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1914 W HOME AVE,FLINT	Source:	TYPE I	
Collected By:	DAZARINE BURNETT	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/15/2014	05:48
Sample Point:	MAIN BATHROOM	Date Received:	12/18/2014	11:14
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/19/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	12/19/2014	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000863

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50203

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2920 N DEXTER ST,FLINT	Source:	TYPE I	
Collected By:	DAVID FIELDER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/15/2014	07:00
Sample Point:	KITCHEN	Date Received:	12/18/2014	11:14
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	12/19/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/19/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000864

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50204

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2810 KELLAR AVE,FLINT	Source:	TYPE I	
Collected By:	DELORES KEITH	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/15/2014	09:40
Sample Point:	KITCHEN	Date Received:	12/18/2014	11:14
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/19/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/19/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50205

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3245 MONTANA AVE,FLINT	Source:	TYPE I	
Collected By:	JAMES L MOTON	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/15/2014	10:35
Sample Point:	MAIN BATHROOM	Date Received:	12/18/2014	11:14
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/19/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	12/19/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000866

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50206

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3623 NORWOOD DR,FLINT	Source:	TYPE I	
Collected By:	SUSAN SULLIVAN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/15/2014	06:55
Sample Point:	MAIN BATHROOM	Date Received:	12/18/2014	11:14
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/19/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	12/19/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000867

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50207

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2801 REYNOLDS,FLINT	Source:	TYPE I	
Collected By:	CALIX MARTINEZ	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/08/2014	05:45
Sample Point:	MAIN BATHROOM	Date Received:	12/18/2014	11:14
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/19/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	12/19/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50208

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3510 BRANDON ST,FLINT	Source:	TYPE I	
Collected By:	ERIC BOW	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/10/2014	07:00
Sample Point:	KITCHEN	Date Received:	12/18/2014	11:14
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.08	12/19/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	12/19/2014	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50209

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2117 STANFORD AVE,FLINT	Source:	TYPE I	
Collected By:	CHIMENE HILL	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/11/2014	13:30
Sample Point:	MAIN BATHROOM	Date Received:	12/18/2014	11:14
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/19/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	12/19/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50210

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	5806 LESLIE DR,FLINT	Source:	TYPE I	
Collected By:	F L GREEN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/12/2014	11:37
Sample Point:	KITCHEN	Date Received:	12/18/2014	11:14
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/19/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/19/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50211

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1809 W HOME AVE,FLINT	Source:	TYPE I	
Collected By:	SHIRLEY JEAN WILLIAMS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/11/2014	06:20
Sample Point:	KITCHEN	Date Received:	12/18/2014	11:14
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/19/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	12/19/2014	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50212

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1414 STONE ST,FLINT	Source:	TYPE I	
Collected By:	JAMEY L SMITH	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/12/2014	06:00
Sample Point:	MAIN BATHROOM	Date Received:	12/18/2014	11:15
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/19/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	12/19/2014	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000873

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50721

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2006 AITKEN AVE,FLINT	Source:	TYPE I	
Collected By:	NORMAN GRAHAM	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/16/2014	07:30
Sample Point:	KITCHEN	Date Received:	12/23/2014	13:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50722

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3131 WOLCOTT,FLINT	Source:	TYPE I	
Collected By:	KATHY MCGAUGHY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/17/2014	08:11
Sample Point:	MAIN BATHROOM	Date Received:	12/23/2014	13:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50723

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	983 GAINEY AVE,FLINT	Source:	TYPE I	
Collected By:	JOANN CUSIC	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/17/2014	06:15
Sample Point:	KITCHEN	Date Received:	12/23/2014	13:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.10	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50724

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2806 NORBERT ST,FLINT	Source:	TYPE I	
Collected By:	ARIEL DANTZLER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/18/2014	06:30
Sample Point:	KITCHEN	Date Received:	12/23/2014	13:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50725

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	912 CRAWFORD ST,FLINT	Source:	TYPE I	
Collected By:	MICHAEL S REITER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/15/2014	05:30
Sample Point:	KITCHEN	Date Received:	12/23/2014	13:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.11	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50726

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	4024 STERLING,FLINT	Source:	TYPE I	
Collected By:	BETTY WESLEY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/16/2014	09:30
Sample Point:	KITCHEN	Date Received:	12/23/2014	13:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000879

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50727

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3737 WORCHESTER DR,FLINT	Source:	TYPE I	
Collected By:	SHERRI TOLBERT	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/16/2014	06:45
Sample Point:	KITCHEN	Date Received:	12/23/2014	13:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.14	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000880

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50728

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1100 STOCKTON ST,FLINT	Source:	TYPE I	
Collected By:	JOHN E ROSE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/16/2014	05:00
Sample Point:	KITCHEN	Date Received:	12/23/2014	13:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.006	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000881

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50729

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1725 LINCOLN AVE,FLINT	Source:	TYPE I	
Collected By:	MICHELE IGRAM	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/21/2014	06:00
Sample Point:	KITCHEN	Date Received:	12/23/2014	13:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000882

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50730

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3139 COLORADO,FLINT	Source:	TYPE I	
Collected By:	TIM ABRAHAM	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/16/2014	06:10
Sample Point:	KITCHEN	Date Received:	12/23/2014	13:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000883

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50731

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1401 GAINEY AVE,FLINT	Source:	TYPE I	
Collected By:	LUCY LAFRENIERE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/20/2014	08:30
Sample Point:	KITCHEN	Date Received:	12/23/2014	13:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000884

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50732

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2730 COVENTRY CT,FLINT	Source:	TYPE I	
Collected By:	SUSAN HARAISTY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/19/2014	09:30
Sample Point:	KITCHEN	Date Received:	12/23/2014	13:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000885

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50733

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	709 FROST ST,FLINT	Source:	TYPE I	
Collected By:	MAURCICCI GUYNN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/19/2014	09:00
Sample Point:	MAIN BATHROOM	Date Received:	12/23/2014	13:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000886

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50734

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2307 RADCLIFFE,FLINT	Source:	TYPE I	
Collected By:	ANDREW ARMSTRONG	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/20/2014	07:08
Sample Point:	KITCHEN	Date Received:	12/23/2014	13:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.08	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.037	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000887

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50735

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	224 E COURT ST APT 508,FLINT	Source:	TYPE I	
Collected By:	S J DAUIDEK	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/15/2014	06:45
Sample Point:	KITCHEN	Date Received:	12/23/2014	13:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000888

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
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Sample Number
LF50736

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3440 RANGELEY,FLINT	Source:	TYPE I	
Collected By:	JACQUELINE WATKINS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/13/2014	08:57
Sample Point:	KITCHEN	Date Received:	12/23/2014	13:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000889

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50737

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3808 BROWNELL BLVD,FLINT	Source:	TYPE I	
Collected By:	COY BRIDGES	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/16/2014	08:00
Sample Point:	KITCHEN	Date Received:	12/23/2014	13:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.09	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000890

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50738

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1006 KENSINGTON,FLINT	Source:	TYPE I	
Collected By:	FRANCES HOLMES	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/19/2014	06:15
Sample Point:	KITCHEN	Date Received:	12/23/2014	13:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50824

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2517 DELAWARE AVE,FLINT	Source:	TYPE I	
Collected By:	RUSS BEDFORD	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/18/2014	05:30
Sample Point:	KITCHEN	Date Received:	12/29/2014	10:28
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.20	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000892

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50825

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1810 W HOBSON AVE,FLINT	Source:	TYPE I	
Collected By:	MR AND MRS VERNON	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/21/2014	06:00
Sample Point:	MAIN BATHROOM	Date Received:	12/29/2014	10:28
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000893

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50826

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	5805 LESLIE DR,FLINT	Source:	TYPE I	
Collected By:	SHIRLEY HILL	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/21/2014	07:00
Sample Point:	KITCHEN	Date Received:	12/29/2014	10:28
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000894

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50827

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1721 CHELSEA CIRCLE,FLINT	Source:	TYPE I	
Collected By:	CHERYL CHRISTOFF	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/22/2014	06:25
Sample Point:	KITCHEN	Date Received:	12/29/2014	10:28
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000895

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50828

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	912 WALDMAN AVE,FLINT	Source:	TYPE I	
Collected By:	PAMELA GALE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/23/2014	06:25
Sample Point:	KITCHEN	Date Received:	12/29/2014	10:28
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000896

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50829

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3082 LANNING DR,FLINT	Source:	TYPE I	
Collected By:	CONSTANCE L ST GERMAIN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/24/2014	06:45
Sample Point:	KITCHEN	Date Received:	12/29/2014	10:28
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000897

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50830

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2515 CHICAGO BLVD,FLINT	Source:	TYPE I	
Collected By:	MARY SEVERN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/26/2014	08:15
Sample Point:	MAIN BATHROOM	Date Received:	12/29/2014	10:28
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.006	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000898

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50831

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	742 LINCOLN AVE,FLINT	Source:	TYPE I	
Collected By:	DANA V STIF	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/26/2014	09:30
Sample Point:	KITCHEN	Date Received:	12/29/2014	10:28
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	12/30/2014	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	12/30/2014	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000899

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50928

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1805 RAMSAY BLVD,FLINT	Source:	TYPE I	
Collected By:	ANTHONY EVERETT	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/27/2014	07:00
Sample Point:	KITCHEN	Date Received:	12/30/2014	10:43
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	01/02/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	01/02/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000900

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF50929

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1910 RAMSAY BLVD,FLINT	Source:	TYPE I	
Collected By:	CAROL B CRAWFORD	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/20/2014	07:00
Sample Point:	MAIN BATHROOM	Date Received:	12/30/2014	10:43
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	01/02/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	01/02/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF51179

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3009 MONTANA AVE,FLINT	Source:	TYPE I	
Collected By:	MEMSSA BECKELIC	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/29/2014	15:12
Sample Point:	KITCHEN	Date Received:	01/06/2015	11:03
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	01/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	01/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U.S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF51180

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1223 CAMPBELL ST,FLINT	Source:	TYPE I	
Collected By:	JOSH DEMOTT	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/30/2014	08:00
Sample Point:	KITCHEN	Date Received:	01/06/2015	11:03
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	01/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	01/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U.S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF51181

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3821 DELAWARE,FLINT	Source:	TYPE I	
Collected By:	THOMAS R KERBEY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/27/2014	09:00
Sample Point:	KITCHEN	Date Received:	01/06/2015	11:03
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	01/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	01/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U.S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF51182

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1651 WOODLAWN PARK,FLINT	Source:	TYPE I	
Collected By:	KIRWIN KINNEE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/29/2014	05:42
Sample Point:	KITCHEN	Date Received:	01/06/2015	11:03
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	01/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	01/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U.S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Sample Number
LF51183

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1911 CORRY ST,FLINT	Source:	TYPE I	
Collected By:	DAWN WILLIAMS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/30/2014	08:10
Sample Point:	KITCHEN	Date Received:	01/06/2015	11:03
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	01/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	01/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Sample Number
LF51184

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3507 DEARBORN AVE,FLINT	Source:	TYPE I	
Collected By:	SUZANNE EREMIA	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/30/2014	09:15
Sample Point:	KITCHEN	Date Received:	01/06/2015	11:03
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	01/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.006	01/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Sample Number
LF51185

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3829 IVAN HOE AVE,FLINT	Source:	TYPE I	
Collected By:	ADREAN ELMOT	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/29/2014	15:00
Sample Point:	KITCHEN	Date Received:	01/06/2015	11:03
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	01/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	01/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Sample Number
LF51186

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1559 CHEVROLET AVE,FLINT	Source:	TYPE I	
Collected By:	SAMUEL ANCIRA	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	12/30/2014	07:00
Sample Point:	KITCHEN	Date Received:	01/06/2015	11:03
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	01/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.009	01/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Sample Number
LF54663

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	2205 FLUSHING RD,FLINT	Source:	TYPE I
Collected By:	CHRIS BEATENHEAD	Site Code:	
Township/Well#/Section:	//	Collector:	Public Water Supply Operator
County:	Genesee	Date Collected:	02/15/2015 06:00
Sample Point:	KITCHEN	Date Received:	02/17/2015 10:47
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.13	02/18/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	02/18/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000910

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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Sample Number
LF54945

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	212 BROWNING AVE,FLINT	Source:	TYPE I	
Collected By:	LEANNE WALTERS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	02/18/2015	07:15
Sample Point:	KITCHEN	Date Received:	02/19/2015	11:13
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	02/20/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.104	02/20/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
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Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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FAX: (517) 335-8562

Sample Number
LF54946

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1809 STEVENSON ST,FLINT	Source:	TYPE I	
Collected By:	MIKE TAYLOR	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	02/10/2015	06:30
Sample Point:	KITCHEN SINK	Date Received:	02/19/2015	11:13
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	02/20/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.010	02/20/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

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Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Sample Number
LF56223

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	4202 CUSTER AVE,FLINT	Source:	Single Family Dwelling
Collected By:	JACQUELINE PEMBERTON	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	03/04/2015 08:00
Sample Point:	KITCHEN	Date Received:	03/06/2015 11:33
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.27	03/10/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.006	03/10/2015	0.001	0.015	EPA 200.8	7439-92-1

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810 257-3603

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ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Sample Number
LF56224

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	212 BROWNING AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	LEEANNE WALTERS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	03/03/2015	06:00
Sample Point:	KITCHEN	Date Received:	03/06/2015	11:33
Water System:	Treated Public Distribution System	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	03/10/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.397	03/10/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

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ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Sample Number
LF56225

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	401 E NEWALL ST,FLINT	Source:	Single Family Dwelling	
Collected By:	MARK CROMWELL SR	Site Code:		
Township/Well#/Section:	//	Collector:	Other	
County:	Genesee	Date Collected:	03/02/2015	09:30
Sample Point:	KITCHEN	Date Received:	03/06/2015	11:33
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	03/10/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	03/10/2015	0.001	0.015	EPA 200.8	7439-92-1

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810 257-3603

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mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Sample Number
LF56226

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	215 BROWNING AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	KEVIN & JENNIFER STARNES	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	03/02/2015	06:30
Sample Point:	KITCHEN	Date Received:	03/06/2015	11:33
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.16	03/10/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	03/10/2015	0.001	0.015	EPA 200.8	7439-92-1

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CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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FAX: (517) 335-8562

Sample Number
LF56227

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2615 TRUMBULL AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	JENNIFER PEDERSON	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	02/27/2015	10:00
Sample Point:	KITCHEN	Date Received:	03/06/2015	11:33
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	03/10/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	03/10/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF56228

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	201 BROWNING AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	FLOYD BELL	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	03/05/2015	09:30
Sample Point:	KITCHEN	Date Received:	03/06/2015	11:33
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	03/10/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	03/10/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

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ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Lansing, MI 48909
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FAX: (517) 335-8562

Sample Number
LF57728

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1224 DECKER ST,FLINT	Source:	Single Family Dwelling	
Collected By:	LOU ANNE MALIS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	03/17/2015	06:00
Sample Point:	KITCHEN	Date Received:	03/24/2015	11:05
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.10	03/25/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.013	03/25/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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DRINKING WATER LABORATORY

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF57729

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	212 BROWNING AVE,FLINT	Source:	Single Family Dwelling
Collected By:	MIKE GLASGOW	Site Code:	
Township/Well#/Section:	//	Collector:	Public Water Supply Operator
County:	Genesee	Date Collected:	03/18/2015 11:10
Sample Point:	KITCHEN	Date Received:	03/24/2015 11:05
Water System:	Treated Public Distribution System	Purpose:	Other

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	03/25/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	03/25/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF57730

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	1220 DECKER ST,FLINT	Source:	Single Family Dwelling
Collected By:	CARMEN PULIDO	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	03/17/2015 06:00
Sample Point:	KITCHEN	Date Received:	03/24/2015 11:05
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	03/25/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	03/25/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF57731

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1379 WASHINGTON,FLINT	Source:	Single Family Dwelling	
Collected By:	ROXANNE PUTMAN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	03/19/2015	08:30
Sample Point:	KITCHEN	Date Received:	03/24/2015	11:05
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	03/25/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.008	03/25/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF57732

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1383 WASHINGTON AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	ANTHONY PALLADENO	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	03/09/2015	08:00
Sample Point:	KITCHEN	Date Received:	03/24/2015	11:05
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.16	03/25/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.007	03/25/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF57733

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1372 WASHINGTON AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	ANTHONY PALLADENO JR	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	03/19/2015	08:00
Sample Point:	KITCHEN	Date Received:	03/24/2015	11:05
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.14	03/25/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	03/25/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF57734

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1383 WASHINGTON AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	ANTHONY PALLADENO III	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	03/19/2015	08:00
Sample Point:	KITCHEN	Date Received:	03/24/2015	11:05
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.17	03/25/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.006	03/25/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF57735

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	1367 WASHINGTON AVE,FLINT	Source:	Single Family Dwelling
Collected By:	LEAH PALLADENO	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	03/17/2015 06:00
Sample Point:	MAIN BATHROOM	Date Received:	03/24/2015 11:05
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	03/25/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	03/25/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

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Flint, MI 48502-1540
810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF57736

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1701 MARQUETTE DR,FLINT	Source:	Single Family Dwelling	
Collected By:	CHARMA DOMPREH	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	03/14/2015	09:40
Sample Point:	KITCHEN	Date Received:	03/24/2015	11:05
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.19	03/25/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	03/25/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

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Flint, MI 48502-1540
810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF58413

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	778 E BUNDY AVE,FLINT	Source:	TYPE I	
Collected By:	SANDRA HULL	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	03/24/2015	06:25
Sample Point:	MAIN BATHROOM	Date Received:	03/31/2015	11:11
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	04/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	04/01/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

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810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000928

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF58414

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3714 BEECHER RD,FLINT	Source:	TYPE I	
Collected By:	MELISSA MAYS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	03/24/2015	06:30
Sample Point:	KITCHEN	Date Received:	03/31/2015	11:11
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.52	04/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	04/01/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF59748

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	212 BROWNING AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	LEEANNE WALTERS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	04/02/2015	08:00
Sample Point:	PRE P O S FILTER	Date Received:	04/14/2015	11:07
Water System:	Treated Public Distribution System	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.11	04/16/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.707	04/16/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF59749

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	1016 INGLESIDE AVE,FLINT	Source:	Single Family Dwelling
Collected By:	JAMES D JARVIS	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	04/09/2015 07:00
Sample Point:	KITCHEN	Date Received:	04/14/2015 11:07
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	04/15/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.007	04/15/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF59750

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	1818 ROCK CREEK LN,FLINT	Source:	Single Family Dwelling
Collected By:	HELEN HUNTER	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	04/06/2015 06:50
Sample Point:	MAIN BATHROOM	Date Received:	04/14/2015 11:07
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.11	04/15/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	04/15/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF59751

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3010 CHEYENNE ST,FLINT	Source:	Single Family Dwelling	
Collected By:	GERTRUDE MARSHALL	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	04/03/2015	08:50
Sample Point:	KITCHEN	Date Received:	04/14/2015	11:07
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.10	04/15/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	04/15/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF60546

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2606 MOUNTAIN AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	MARIBETH PEREZ	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	04/15/2015	12:00
Sample Point:	KITCHEN	Date Received:	04/21/2015	10:41
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	04/22/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	04/22/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF61845

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2020 CROOKED LN,FLINT	Source:	Single Family Dwelling	
Collected By:	TRACY & M IKE SARGENT	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	04/24/2015	07:00
Sample Point:	KITCHEN	Date Received:	05/04/2015	10:21
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.10	05/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	05/05/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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DRINKING WATER LABORATORY

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF61846

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	310 E MOORE ST,FLINT	Source:	Single Family Dwelling
Collected By:	HUSTON BOLDEN	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	04/22/2015 07:00
Sample Point:	KITCHEN	Date Received:	05/04/2015 10:21
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	05/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	05/05/2015	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF63410

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	631 ALVORD AVE,FLINT	Source:	Single Family Dwelling
Collected By:	JANICE BERRYMAN	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	05/06/2015 07:00
Sample Point:	MAIN BATHROOM	Date Received:	05/13/2015 11:26
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	05/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.042	05/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF63411

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	216 BROWNING AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	DEB	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	05/07/2015	08:00
Sample Point:	KITCHEN	Date Received:	05/13/2015	11:26
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.31	05/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.022	05/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF64282

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	625 S GRAND TRAVERSE,FLINT	Source:	TYPE III
Collected By:	MIKE GLASGOW	Site Code:	
Township/Well#/Section:	//	Collector:	Public Water Supply Operator
County:	Genesee	Date Collected:	05/15/2015 13:00
Sample Point:	BATHROOM	Date Received:	05/20/2015 11:24
Water System:	Treated Public Distribution System	Purpose:	Other

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.14	05/21/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.017	05/21/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000939

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF64283

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3714 BEECHER RD,FLINT	Source:	Single Family Dwelling	
Collected By:	MELISSA MAYS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	05/14/2015	06:00
Sample Point:	MAIN BATHROOM	Date Received:	05/20/2015	11:24
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.15	05/21/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.008	05/21/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000940

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF64284

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	625 S GRAND TRAVERSE,FLINT	Source:	TYPE III	
Collected By:	MIKE SARGENT	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	05/18/2015	08:30
Sample Point:	UTILITY SINK	Date Received:	05/20/2015	11:24
Water System:	Treated Public Distribution System	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.14	05/21/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.020	05/21/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF64285

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	912 LEXINGTON AVE,FLINT	Source:	Single Family Dwelling
Collected By:	LAURA HATT	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	05/15/2015 09:00
Sample Point:	MAIN BATHROOM	Date Received:	05/20/2015 11:24
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	05/21/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.006	05/21/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF67423

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	344 ROBBIE LN,FLINT	Source:	Single Family Dwelling
Collected By:	CASSANDRA BROWN	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	05/31/2015 08:15
Sample Point:	BATHROOM	Date Received:	06/11/2015 10:51
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.11	06/12/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	06/12/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Lansing, MI 48909
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Sample Number
LF67424

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	357 ROBBIE LN,FLINT	Source:	Single Family Dwelling
Collected By:	FRANK EVANS	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	05/31/2015 08:00
Sample Point:	KITCHEN	Date Received:	06/11/2015 10:51
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.20	06/12/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	06/12/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF67425

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	328 ROBBIE LN,FLINT	Source:	Single Family Dwelling
Collected By:	WILLIE TURNER	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	05/30/2015 06:00
Sample Point:	KITCHEN	Date Received:	06/11/2015 10:51
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.09	06/12/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	06/12/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF67426

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	
Collection Address:	341 ROBBIE LN,FLINT	Source:	Single Family Dwelling
Collected By:	FLORISSA STEBBINS	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	05/31/2015 06:00
Sample Point:	KITCHEN	Date Received:	06/11/2015 10:51
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.05	06/12/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	06/12/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF67427

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	353 ROBBIE LN,FLINT	Source:	Single Family Dwelling	
Collected By:	ZETAN EVANS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	05/30/2015	06:45
Sample Point:	BATHROOM	Date Received:	06/11/2015	10:51
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.11	06/12/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	06/12/2015	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF67428

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	349 ROBBIE LN,FLINT	Source:	Single Family Dwelling
Collected By:	DORIS NUNN	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	05/31/2015 08:00
Sample Point:	KITCHEN	Date Received:	06/11/2015 10:51
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	06/12/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	06/12/2015	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF68023

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	1807 OREN AVE,FLINT	Source:	Single Family Dwelling
Collected By:	MARK RUSSEL	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/08/2015 07:30
Sample Point:	BATHROOM	Date Received:	06/16/2015 11:11
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	06/17/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.021	06/17/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF68788

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	421 LYON ST,FLINT	Source:	Single Family Dwelling
Collected By:	SAMUEL J CONDE	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/14/2015 08:34
Sample Point:	KITCHEN	Date Received:	06/19/2015 11:02
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.14	06/22/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.007	06/22/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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Lansing, MI 48909
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FAX: (517) 335-8562

Sample Number
LF68789

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	1528 DELAWARE AVE,FLINT	Source:	Single Family Dwelling
Collected By:	CAROL PARKER	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/12/2015 05:23
Sample Point:	KITCHEN	Date Received:	06/19/2015 11:02
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	06/22/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	06/22/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

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mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF68790

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	3811 BRENTWOOD DR,FLINT	Source:	Single Family Dwelling
Collected By:	REID SANDERS	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/14/2015 09:35
Sample Point:	KITCHEN	Date Received:	06/19/2015 11:02
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	06/22/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.042	06/22/2015	0.001	0.015	EPA 200.8	7439-92-1

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810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF68791

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	1615 S FRANKLIN AVE,FLINT	Source:	Single Family Dwelling
Collected By:	VIVAN GRIER	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/14/2015 09:45
Sample Point:	KITCHEN	Date Received:	06/19/2015 11:02
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	06/22/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	06/22/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Flint, MI 48502-1540
810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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TEL: (517) 335-8184
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Sample Number
LF68792

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	853 E 7TH ST,FLINT	Source:	Single Family Dwelling
Collected By:	LAURA STUDACHER	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/12/2015 06:30
Sample Point:	BATHROOM	Date Received:	06/19/2015 11:02
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	06/22/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.007	06/22/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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USEPA Region V Drinking Water Cert. No. MI00003
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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF68793

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1150 WOODSIDE DR,FLINT	Source:	Single Family Dwelling	
Collected By:	DEBORAH CONRAD	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	06/14/2015	07:30
Sample Point:	KITCHEN	Date Received:	06/19/2015	11:02
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	06/22/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.029	06/22/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF68794

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	547 COPEMAN BLVD,FLINT	Source:	Single Family Dwelling
Collected By:	LINDA LEE	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/14/2015 09:00
Sample Point:	KITCHEN	Date Received:	06/19/2015 11:02
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	06/22/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.018	06/22/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF69622

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	920 STOCKER AVE,FLINT	Source:	Single Family Dwelling
Collected By:	MICHAEL TAYLOR	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/21/2015 10:30
Sample Point:	KITCHEN	Date Received:	06/25/2015 11:52
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	06/26/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	06/26/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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FAX: (517) 335-8562

Sample Number
LF69623

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	742 LINCOLN AVE,FLINT	Source:	Single Family Dwelling
Collected By:	DANA STIF	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/19/2015 07:00
Sample Point:	KITCHEN	Date Received:	06/25/2015 11:52
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	06/26/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	06/26/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF69624

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	3517 BENNETT AVE,FLINT	Source:	Single Family Dwelling
Collected By:	RANDOLPH FREEMAN	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/24/2015 05:05
Sample Point:	KITCHEN	Date Received:	06/25/2015 11:52
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	06/26/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	06/26/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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DRINKING WATER LABORATORY

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF69625

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	1730 OVERHILL DR,FLINT	Source:	Single Family Dwelling
Collected By:	PETER M BADE	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/22/2015 05:30
Sample Point:	KITCHEN	Date Received:	06/25/2015 11:52
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.08	06/26/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	06/26/2015	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF69626

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	2117 STANFORD AVE,FLINT	Source:	Single Family Dwelling
Collected By:	CHIMENE HILL	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/23/2015 08:20
Sample Point:	MAIN BATHROOM	Date Received:	06/25/2015 11:52
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.08	06/26/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	06/26/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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DRINKING WATER LABORATORY

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF69627

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	2432 BETA LN,FLINT	Source:	Single Family Dwelling
Collected By:	JON KINGEN	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/21/2015 07:00
Sample Point:	KITCHEN	Date Received:	06/25/2015 11:52
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	06/26/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	06/26/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF69628

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	2023 MILLER RD,FLINT	Source:	Single Family Dwelling
Collected By:	CAROL A HIGGINS	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/21/2015 11:00
Sample Point:	KITCHEN	Date Received:	06/25/2015 11:52
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	06/26/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	06/26/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF70222

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	721 EAST ST APT #2,FLINT	Source:	Single Family Dwelling
Collected By:	MELANIE POISSON	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/25/2015 06:30
Sample Point:	KITCHEN	Date Received:	06/30/2015 11:14
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.16	07/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.010	07/01/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF70223

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	3814 WHITTIER,FLINT	Source:	Single Family Dwelling
Collected By:	BRIAN URCH	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/25/2015 07:33
Sample Point:	BATHROOM	Date Received:	06/30/2015 11:14
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	07/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	07/01/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF70224

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	3120 NORWOOD DR,FLINT	Source:	Single Family Dwelling
Collected By:	TOM HUTCHINGS	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/24/2015 06:20
Sample Point:	BATHROOM	Date Received:	06/30/2015 11:14
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	07/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	07/01/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

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Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
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TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF70225

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	2122 PIERCE ST,FLINT	Source:	Single Family Dwelling
Collected By:	KATHLEEN REID	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/21/2015 07:00
Sample Point:	KITCHEN	Date Received:	06/30/2015 11:14
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	07/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	07/01/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

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Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF70226

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	3521 BENNETT AVE,FLINT	Source:	Single Family Dwelling
Collected By:	BRENT WRIGHT	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/25/2015 06:35
Sample Point:	KITCHEN	Date Received:	06/30/2015 11:14
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	07/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	07/01/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF70227

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	1602 RASPBERRY LN,FLINT	Source:	Single Family Dwelling
Collected By:	BRAD FARRAR	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/24/2015 07:15
Sample Point:	KITCHEN	Date Received:	06/30/2015 11:14
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	07/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	07/01/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF70228

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	1809 LYNBROOK,FLINT	Source:	Single Family Dwelling
Collected By:	DAWN STEELE	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/26/2015 04:35
Sample Point:	KITCHEN	Date Received:	06/30/2015 11:14
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	07/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	07/01/2015	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF70229

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2112 SHERFF,FLINT	Source:	Single Family Dwelling	
Collected By:	KAREN EATON	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	06/24/2015	09:30
Sample Point:	KITCHEN	Date Received:	06/30/2015	11:14
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	07/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.009	07/01/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF70230

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	1205 BLANCHARD AVE,FLINT	Source:	Single Family Dwelling
Collected By:	JOEL ARNOLD	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/24/2015 06:30
Sample Point:	KITCHEN	Date Received:	06/30/2015 11:14
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.05	07/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.011	07/01/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF70231

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	860 SCHAFER ST,FLINT	Source:	Single Family Dwelling
Collected By:	DERRICK JONES	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/26/2015 05:27
Sample Point:	KITCHEN	Date Received:	06/30/2015 11:14
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	07/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	07/01/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF71158

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	2110 FLUSHING RD,FLINT	Source:	Single Family Dwelling
Collected By:	SHELLY SANETRIK	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/30/2015 08:34
Sample Point:	KITCHEN	Date Received:	07/07/2015 11:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.10	07/08/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	07/08/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF71159

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2300 FLUSHING RD,FLINT	Source:	Single Family Dwelling	
Collected By:	CONSTANCE VAUGHN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	06/29/2015	09:30
Sample Point:	BATHROOM	Date Received:	07/07/2015	11:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.28	07/08/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	07/08/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF71160

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	2130 FLUSHING RD,FLINT	Source:	Single Family Dwelling
Collected By:	ROSARIO	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/28/2015 17:46
Sample Point:	BASEMENT	Date Received:	07/07/2015 11:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.05	07/08/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.006	07/08/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF71161

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	202 BROWNING AVE,FLINT	Source:	Single Family Dwelling
Collected By:	SHERRI CROWE	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	07/02/2015 07:00
Sample Point:	KITCHEN	Date Received:	07/07/2015 11:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	07/08/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	07/08/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000977

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF71162

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	2202 FLUSHING RD,FLINT	Source:	Single Family Dwelling
Collected By:	BARBARA NELSON	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/29/2015 06:30
Sample Point:	KITCHEN	Date Received:	07/07/2015 11:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	07/08/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	07/08/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
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Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF71163

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	2429 FLUSHING RD,FLINT	Source:	Single Family Dwelling
Collected By:	ROLAND WATSON	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/30/2015 08:00
Sample Point:	KITCHEN	Date Received:	07/07/2015 11:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	07/08/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	07/08/2015	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF71164

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	628 FROST ST,FLINT	Source:	Single Family Dwelling
Collected By:	ASHONTE BOOKER	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	07/02/2015 07:35
Sample Point:	KITCHEN	Date Received:	07/07/2015 11:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	07/08/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.009	07/08/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF71165

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	4013 BROWNELL BLVD,FLINT	Source:	Single Family Dwelling
Collected By:	ADRIAN AND PHYLLIS JONES	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/29/2015 08:30
Sample Point:	KITCHEN	Date Received:	07/07/2015 11:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.08	07/08/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	07/08/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF71166

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	2414 FLUSHING RD,FLINT	Source:	Single Family Dwelling
Collected By:	MICHELLE AND MICHAEL REED	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/30/2015 07:30
Sample Point:	KITCHEN	Date Received:	07/07/2015 11:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	07/08/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	07/08/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF71167

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	1914 PENBROOK LN,FLINT	Source:	Single Family Dwelling
Collected By:	KARL ADKINS	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/29/2015 06:00
Sample Point:	KITCHEN	Date Received:	07/07/2015 11:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	07/08/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	07/08/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF71168

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	3901 LEERDA ST,FLINT	Source:	Single Family Dwelling
Collected By:	CARNETTA CARTER	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/26/2015 08:25
Sample Point:	KITCHEN	Date Received:	07/07/2015 11:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	07/08/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	07/08/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF71169

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	3142 MCCLURE,FLINT	Source:	Single Family Dwelling
Collected By:	BOB FARRAR	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/26/2015 06:20
Sample Point:	KITCHEN	Date Received:	07/07/2015 11:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	07/08/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	07/08/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF71170

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	2114 FLUSHING RD,FLINT	Source:	Single Family Dwelling
Collected By:	DAVID PAVLOVICH	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/29/2015 08:00
Sample Point:	KITCHEN	Date Received:	07/07/2015 11:34
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.05	07/08/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	07/08/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF71171

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	212 BROWNING AVE,FLINT	Source:	Single Family Dwelling
Collected By:	MIKE GLASGOW	Site Code:	
Township/Well#/Section:	//	Collector:	Public Water Supply Operator
County:	Genesee	Date Collected:	07/02/2015 11:40
Sample Point:	REFRIDGERATOR WATER LINE	Date Received:	07/07/2015 11:34
Water System:	Treated Public Distribution System	Purpose:	Other

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	07/08/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	07/08/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF72033

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	709 FROST ST,FLINT	Source:	Single Family Dwelling
Collected By:	MAURCICA GUYNN	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	06/30/2015 08:15
Sample Point:	BATHROOM	Date Received:	07/10/2015 10:36
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	07/13/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	07/13/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF72034

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	625 S GRAND TRAVERSE,FLINT	Source:	Single Family Dwelling	
Collected By:	MIKE GLASGOW	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	07/06/2015	12:45
Sample Point:	UTILITY SINK	Date Received:	07/10/2015	10:36
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	07/13/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	07/13/2015	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF72035

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	2110 MOUNTAIN AVE,FLINT	Source:	Single Family Dwelling
Collected By:	TIM COLLARDEY	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	07/06/2015 02:00
Sample Point:	KITCHEN	Date Received:	07/10/2015 10:36
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.05	07/13/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.006	07/13/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000990

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF73154

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	341 ROBBIE LN,FLINT	Source:	Other	
Collected By:	FLORLISA STEBBINS	Site Code:		
Township/Well#/Section:	//	Collector:	Other	
County:	Genesee	Date Collected:	07/14/2015	08:00
Sample Point:	KITCHEN	Date Received:	07/17/2015	10:29
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.14	07/21/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	07/21/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
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Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000991

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF73155

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	2106 PIERCE ST,FLINT	Source:	Single Family Dwelling
Collected By:	EUGENE GRIFFEL	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	07/09/2015 10:15
Sample Point:	KITCHEN	Date Received:	07/17/2015 10:29
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	07/21/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.007	07/21/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000992

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF73156

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	413 BURROUGH AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	AMANDA TRUTILLO	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	07/06/2015	07:35
Sample Point:	KITCHEN	Date Received:	07/17/2015	10:29
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	07/21/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	07/21/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000993

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF74067

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	818 LYON ST,FLINT	Source:	Single Family Dwelling
Collected By:	CHRISTOPHER WELLINGTON	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	07/09/2015 10:00
Sample Point:	KITCHEN	Date Received:	07/23/2015 11:10
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	07/27/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	07/27/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000994

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF74068

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	1150 WOODSIDE DR,FLINT	Source:	Single Family Dwelling
Collected By:	DEBORAH CONRAD	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	07/11/2015 07:45
Sample Point:	KITCHEN	Date Received:	07/23/2015 11:10
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	07/27/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.030	07/27/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

000995

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF74069

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	3710 FOX CROFT CR,FLINT	Source:	Single Family Dwelling
Collected By:	CLIFTON C TURNER	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	07/13/2015 08:00
Sample Point:	KITCHEN	Date Received:	07/23/2015 11:10
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	07/27/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	07/27/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF74070

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	421 LYON ST,FLINT	Source:	Single Family Dwelling
Collected By:	SAMUEL CONDE	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	07/16/2015 07:15
Sample Point:	KITCHEN	Date Received:	07/23/2015 11:10
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.21	07/27/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.007	07/27/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF74071

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	2553 SWAYZE,FLINT	Source:	Single Family Dwelling
Collected By:	BETHANY HAZARD	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	07/15/2015 09:00
Sample Point:	BATHROOM	Date Received:	07/23/2015 11:10
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.15	07/27/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.006	07/27/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF74072

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	2107 CALUMET ST,FLINT	Source:	Single Family Dwelling
Collected By:	ELIZABETH PERKINS HARBIN	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	07/13/2015 06:30
Sample Point:	BATHROOM	Date Received:	07/23/2015 11:10
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.08	07/27/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	07/27/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF75086

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	2909 BROWNELL BLVD,FLINT	Source:	Single Family Dwelling
Collected By:	ALAN J FERRARI	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	07/22/2015 07:00
Sample Point:	KITCHEN	Date Received:	07/30/2015 11:01
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.08	07/31/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.007	07/31/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

0001000

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF75087

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	3125 DAKOTA AVE,FLINT	Source:	Single Family Dwelling
Collected By:	KELLEY MCGINNIS	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	07/21/2015 08:00
Sample Point:	KITCHEN	Date Received:	07/30/2015 11:01
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	07/31/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	07/31/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF75088

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	3131 DAKOTA AVE,FLINT	Source:	Single Family Dwelling
Collected By:	MANUEL MCGINNIS	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	07/21/2015 08:15
Sample Point:	KITCHEN	Date Received:	07/30/2015 11:01
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	07/31/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	07/31/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF75089

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	1509 E COURT ST,FLINT	Source:	Single Family Dwelling
Collected By:	ANNIE OPER	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	07/17/2015 10:00
Sample Point:	KITCHEN	Date Received:	07/30/2015 11:01
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.30	07/31/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	07/31/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF75090

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	1509 E COURT ST 2,FLINT	Source:	Single Family Dwelling
Collected By:	ANNIE OPER	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	07/17/2015 10:00
Sample Point:	SMALL SINK	Date Received:	07/30/2015 11:01
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.17	07/31/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.033	07/31/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF75091

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	604 CHALMERS ST,FLINT	Source:	Single Family Dwelling
Collected By:	JASON KOTARSKI	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	07/13/2015 09:00
Sample Point:	KITCHEN	Date Received:	07/30/2015 11:01
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	07/31/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	07/31/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF75092

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	2112 SHERFF,FLINT	Source:	Single Family Dwelling
Collected By:	KAREN EATON	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	07/28/2015 07:15
Sample Point:	KITCHEN	Date Received:	07/30/2015 11:01
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.05	07/31/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.011	07/31/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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Sample Number
LF77583

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	1311 WOODLAWN PK DR,FLINT	Source:	Single Family Dwelling
Collected By:	WREX WEAVER	Site Code:	
Township/Well#/Section:	//	Collector:	Public Water Supply Operator
County:	Genesee	Date Collected:	07/31/2015 08:00
Sample Point:	BATHROOM	Date Received:	08/12/2015 13:21
Water System:	Treated Public Distribution System	Purpose:	Routine Monitoring

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.37	08/13/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.006	08/13/2015	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

001007

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
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Lansing, MI 48909
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Sample Number
LF80248

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2023 MILLER RD,FLINT	Source:	Single Family Dwelling	
Collected By:	CAROL A HIGGINS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	08/25/2015	09:00
Sample Point:	KITCHEN	Date Received:	08/28/2015	11:03
Water System:	Treated Public Distribution System	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	09/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	09/01/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Sample Number
LF80249

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1019 E FORK DR,FLINT	Source:	Single Family Dwelling	
Collected By:	ANDREW SPEER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	07/31/2015	09:00
Sample Point:	KITCHEN	Date Received:	08/28/2015	11:03
Water System:	Treated Public Distribution System	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	09/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	09/01/2015	0.001	0.015	EPA 200.8	7439-92-1

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF80250

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3311 HAWTHORNE DR,FLINT	Source:	Single Family Dwelling	
Collected By:	KEVIN WAGGONER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	07/31/2015	10:00
Sample Point:	KITCHEN	Date Received:	08/28/2015	11:03
Water System:	Treated Public Distribution System	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	09/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	09/01/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

001010

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF80251

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1911 TUSCOLA,FLINT	Source:	Single Family Dwelling	
Collected By:	KEN AND SHARON BURCH	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	08/02/2015	08:00
Sample Point:	KITCHEN	Date Received:	08/28/2015	11:03
Water System:	Treated Public Distribution System	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	09/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	09/01/2015	0.001	0.015	EPA 200.8	7439-92-1

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810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

001011

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Sample Number
LF81253

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1623 NEOME DR,FLINT	Source:	Single Family Dwelling	
Collected By:	TAMAR LEWIS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	08/07/2015	07:30
Sample Point:	BATHROOM	Date Received:	09/03/2015	11:05
Water System:	Treated Public Distribution System	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	09/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.028	09/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF81254

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1201 MAXINE ST,FLINT	Source:	Single Family Dwelling	
Collected By:	CONNER COYNE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	08/26/2015	14:00
Sample Point:	KITCHEN	Date Received:	09/03/2015	11:05
Water System:	Treated Public Distribution System	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.08	09/04/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	09/04/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
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Lansing, MI 48909
TEL: (517) 335-8184
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Sample Number
LF82706

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2553 SWAYZE,FLINT	Source:	Single Family Dwelling	
Collected By:	BETHANY HAZARD	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/01/2015	08:30
Sample Point:	MAIN BATHROOM	Date Received:	09/15/2015	11:49
Water System:	Treated Public Distribution System	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	09/16/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	09/16/2015	0.001	0.015	EPA 200.8	7439-92-1

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810 257-3603

CAS# : Chemical Abstract Service Registry Number
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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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Sample Number
LF82707

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1001 DUPONT ST,FLINT	Source:	Single Family Dwelling	
Collected By:	ROBERT KNOX	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/09/2015	08:30
Sample Point:	KITCHEN	Date Received:	09/15/2015	11:49
Water System:	Treated Public Distribution System	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.05	09/16/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	09/16/2015	0.001	0.015	EPA 200.8	7439-92-1

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810 257-3603

CAS# : Chemical Abstract Service Registry Number
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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF82708

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	914 MAXINE ST 1,FLINT	Source:	Single Family Dwelling	
Collected By:	DAN RICHARDS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/10/2015	07:10
Sample Point:	KITCHEN	Date Received:	09/15/2015	11:49
Water System:	Treated Public Distribution System	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	09/16/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	09/16/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF82709

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	914 MAXINE ST 2,FLINT	Source:	Single Family Dwelling	
Collected By:	DAN RICHARDS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/10/2015	12:30
Sample Point:	KITCHEN	Date Received:	09/15/2015	11:49
Water System:	Treated Public Distribution System	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	09/16/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	09/16/2015	0.001	0.015	EPA 200.8	7439-92-1

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810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF84313

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1025 KENSINGTON AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	JOHN D CHERRY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/18/2015	07:50
Sample Point:	KITCHEN	Date Received:	09/23/2015	11:44
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	09/24/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	09/24/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF84314

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2616 HILLCREST,FLINT	Source:	Single Family Dwelling	
Collected By:	BARBARA SORSCHER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/21/2015	07:00
Sample Point:	KITCHEN	Date Received:	09/23/2015	11:44
Water System:	Treated Public Distribution System	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	09/24/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	09/24/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF84315

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1422 CLANCY,FLINT	Source:	Single Family Dwelling	
Collected By:	STEVE NAGY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/16/2015	10:00
Sample Point:	BATHROOM	Date Received:	09/23/2015	11:44
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	09/24/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.007	09/24/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF84316

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1614 WOODLAWN PARK DR,FLINT	Source:	Single Family Dwelling	
Collected By:	GEOFFREY NEITHERCUT	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/17/2015	17:00
Sample Point:	OTHER	Date Received:	09/23/2015	11:44
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.13	09/24/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.020	09/24/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF84317

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2761 CHICAGO BLVD,FLINT	Source:	Single Family Dwelling	
Collected By:	BRENDA BROWN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/16/2015	09:00
Sample Point:	BATHROOM	Date Received:	09/23/2015	11:44
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	09/24/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	09/24/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF84896

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLIINT	WSSN/Pool ID:	2310	
Collection Address:	618 E SHERMAN,FLINT	Source:	Single Family Dwelling	
Collected By:	LYNDA PITTS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/23/2015	08:05
Sample Point:	KITCHEN	Date Received:	09/25/2015	11:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	09/29/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	09/29/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF84897

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	2801 YALE ST,FLINT	Source:	Single Family Dwelling
Collected By:	RANDY KAUFMAN	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	09/22/2015 07:40
Sample Point:	KITCHEN	Date Received:	09/25/2015 11:07
Water System:	Other	Purpose:	Other

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.19	09/29/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.327	09/29/2015	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF84898

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	5602 BALDWIN BLVD,FLINT	Source:	Single Family Dwelling
Collected By:	CHARLENE COLLINS	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	09/22/2015 08:00
Sample Point:	KITCHEN	Date Received:	09/25/2015 11:07
Water System:	Other	Purpose:	Other

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	09/29/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.006	09/29/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF84899

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1930 COLCHESTER,FLINT	Source:	Single Family Dwelling	
Collected By:	ROSINA MANLEY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/22/2015	08:00
Sample Point:	KITCHEN	Date Received:	09/25/2015	11:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	09/29/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	09/29/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF84900

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	,FLINT	Source:	Single Family Dwelling	
Collected By:		Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/22/2015	17:00
Sample Point:		Date Received:	09/25/2015	11:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	09/29/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	09/29/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85285

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3216 HAWTHORNE DR,FLINT	Source:	Single Family Dwelling	
Collected By:	MIKE FARELLA	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/25/2015	07:30
Sample Point:	BATHROOM	Date Received:	09/29/2015	13:22
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.37	09/30/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	09/30/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85286

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	841 DICKINSON ST,FLINT	Source:	Other	
Collected By:	AMANDA PANOS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/25/2015	09:48
Sample Point:	KITCHEN	Date Received:	09/29/2015	13:22
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.15	09/30/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.008	09/30/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85287

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	440 E ATHERTON,FLINT	Source:	Other	
Collected By:	PAUL JORDAN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/22/2015	07:45
Sample Point:	KITCHEN	Date Received:	09/29/2015	13:22
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.12	09/30/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.013	09/30/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85288

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	926 MAXINE ST,FLINT	Source:	Single Family Dwelling	
Collected By:	KAREN VANCE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/23/2015	05:10
Sample Point:	KITCHEN	Date Received:	09/29/2015	13:22
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	09/30/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	09/30/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85289

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1426 MAPLEWOOD AVE,FLINT	Source:	TYPE I	
Collected By:	EDNA SABUCCO	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/23/2015	08:00
Sample Point:	KITCHEN	Date Received:	09/29/2015	13:22
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.09	09/30/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.010	09/30/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85290

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	MIKE GLASGOW	WSSN/Pool ID:	2310	
Collection Address:	1213 BEARD ST,FLINT	Source:	Single Family Dwelling	
Collected By:	BENJAMIN PAULI	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/15/2015	07:00
Sample Point:	KITCHEN	Date Received:	09/29/2015	13:22
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	09/30/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.006	09/30/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85291

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3513 BENNETT AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	JACKIE HINSON	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/27/2015	06:00
Sample Point:	KITCHEN	Date Received:	09/29/2015	13:22
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	09/30/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	09/30/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85329

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	ST JOHN VIANNEY CATHOLIC SCHOOL,FL	Source:	TYPE I	
Collected By:	LAWRENCE MORRISON	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/29/2015	07:45
Sample Point:	KITCHEN	Date Received:	09/29/2015	14:35
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	1.22	09/30/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.019	09/30/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85330

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1505 W COURT ST/POWERS CATHOLIC,FI	Source:	Single Family Dwelling	
Collected By:	PAUL BOSAK	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/29/2015	06:40
Sample Point:	KITCHEN PREP SINK	Date Received:	09/29/2015	14:35
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	09/30/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	09/30/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85601

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	704 GARLAND ST,FLINT	Source:	Single Family Dwelling	
Collected By:	NATE OLIVER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/28/2015	06:00
Sample Point:	KITCHEN	Date Received:	09/30/2015	13:06
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.11	10/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/01/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85602

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	218 UNIVERSITY AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	NATE OLIVER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/28/2015	06:00
Sample Point:	KITCHEN	Date Received:	09/30/2015	13:06
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.006	10/01/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85603

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	605 GARLAND ST/1,FLINT	Source:	Single Family Dwelling	
Collected By:	NATE OLIVER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/28/2015	06:00
Sample Point:	KITCHEN	Date Received:	09/30/2015	13:06
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.16	10/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	10/01/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85604

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	605 GARLAND ST/2,FLINT	Source:	Single Family Dwelling	
Collected By:	NATE OLIVER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/28/2015	06:00
Sample Point:	DRINKING FOUNTAIN	Date Received:	09/30/2015	13:06
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.22	10/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/01/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85605

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	705 GARLAND ST,FLINT	Source:	Single Family Dwelling	
Collected By:	NATE OLIVER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/28/2015	06:00
Sample Point:	KITCHEN	Date Received:	09/30/2015	13:06
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.34	10/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/01/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85606

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2607 WALTER ST,FLINT	Source:	Single Family Dwelling	
Collected By:	MARIE BLACKNALL	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/28/2015	14:00
Sample Point:	KITCHEN	Date Received:	09/30/2015	13:06
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/01/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85607

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	UNKNOWN,FLINT	Source:	Single Family Dwelling
Collected By:	UNKNOWN	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	09/28/2015
Sample Point:		Date Received:	09/30/2015 13:06
Water System:	Other	Purpose:	Other

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.15	10/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.012	10/01/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85608

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	125 E UNION ST/#1,FLINT	Source:	Single Family Dwelling	
Collected By:	BRIAN WALTS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/25/2015	13:30
Sample Point:	KITCHEN	Date Received:	09/30/2015	13:06
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/01/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85609

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	125 E UNION ST #6,FLINT	Source:	Single Family Dwelling	
Collected By:	BRIAN WALTS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/25/2015	13:30
Sample Point:	KITCHEN	Date Received:	09/30/2015	13:06
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	10/01/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85610

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	401 BURROUGHS AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	ELIZABETH JORDAN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/26/2015	07:45
Sample Point:	KITCHEN	Date Received:	09/30/2015	13:06
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	10/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/01/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85611

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	224 FOURTH ST,FLINT	Source:	Single Family Dwelling	
Collected By:	NATE OLIVER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/28/2015	06:00
Sample Point:	KITCHEN	Date Received:	09/30/2015	13:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.57	10/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.075	10/01/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85612

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1939 LAUREL OAK DR,FLINT	Source:	Single Family Dwelling	
Collected By:	KATRINA REAL	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/27/2015	13:15
Sample Point:	KITCHEN	Date Received:	09/30/2015	13:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.15	10/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/01/2015	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85613

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	4307 OGEMA AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	STEPHANIE TRIPP	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/15/2015	07:30
Sample Point:	KITCHEN	Date Received:	09/30/2015	13:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/01/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85614

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	528 S LYNCH ST,FLINT	Source:	Single Family Dwelling	
Collected By:	MIKE KNIGHT	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/28/2015	09:00
Sample Point:	KITCHEN	Date Received:	09/30/2015	13:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/01/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85615

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2717 CONCORD ST,FLINT	Source:	Single Family Dwelling	
Collected By:	BETTY BRANDON	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/28/2015	14:00
Sample Point:	KITCHEN	Date Received:	09/30/2015	13:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.12	10/01/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	10/01/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85795

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2426 BASSETT PL,FLINT	Source:	Single Family Dwelling	
Collected By:	KENNETH BUCHNER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/29/2015	05:00
Sample Point:	KITCHEN	Date Received:	10/01/2015	11:10
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	10/02/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/02/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85796

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2422 BASSETT PLACE,FLINT	Source:	Single Family Dwelling	
Collected By:	FRANK BROWN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/29/2015	08:15
Sample Point:	KITCHEN	Date Received:	10/01/2015	11:10
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.14	10/02/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/02/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85797

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3729 WOODROW AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	MELISSA WOOLDRIDGE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/29/2015	05:00
Sample Point:	KITCHEN	Date Received:	10/01/2015	11:10
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/02/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/02/2015	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85798

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2430 BASSETT PL,FLINT	Source:	Single Family Dwelling	
Collected By:	NORMAN STONG	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/28/2015	16:00
Sample Point:	BATHROOM	Date Received:	10/01/2015	11:10
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/02/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.007	10/02/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85799

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3617 CHURCHILL AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	ANGELA LAWRENCE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/29/2015	05:30
Sample Point:	KITCHEN	Date Received:	10/01/2015	11:10
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.05	10/02/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/02/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85800

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	418 W PULASKI,FLINT	Source:	Single Family Dwelling	
Collected By:	LINDA BANKS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/29/2015	06:40
Sample Point:	KITCHEN	Date Received:	10/01/2015	11:10
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/02/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/02/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85801

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1126 WOODSIDE DR,FLINT	Source:	Single Family Dwelling	
Collected By:	LINDA BAAB	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/29/2015	07:00
Sample Point:	KITCHEN	Date Received:	10/01/2015	11:10
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.10	10/02/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.006	10/02/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85802

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1222 INGLESIDE AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	BENJAMIN ALLYN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/29/2015	09:45
Sample Point:	KITCHEN	Date Received:	10/01/2015	11:10
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.27	10/02/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/02/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85856

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1308 WALNUT,FLINT	Source:	Single Family Dwelling	
Collected By:	PAUL FARVER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/29/2015	17:00
Sample Point:	KITCHEN	Date Received:	10/01/2015	12:46
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.05	10/02/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	10/02/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85857

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	1206 WILLOW ST,FLINT	Source:	Single Family Dwelling
Collected By:	PAUL FARVER	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	09/30/2015 08:19
Sample Point:	KITCHEN	Date Received:	10/01/2015 12:46
Water System:	Other	Purpose:	Other

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/02/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/02/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85858

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2708 CRESTWOOD DR,FLINT	Source:	Single Family Dwelling	
Collected By:	HELEN R HOYT	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/30/2015	07:35
Sample Point:	KITCHEN	Date Received:	10/01/2015	12:46
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/02/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/02/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85859

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2721 COVENTRY CT,FLINT	Source:	Single Family Dwelling	
Collected By:	PATRICIA WARNER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/30/2015	07:00
Sample Point:	KITCHEN	Date Received:	10/01/2015	12:46
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.15	10/02/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.006	10/02/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85860

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2319 BAGLEY,FLINT	Source:	Single Family Dwelling	
Collected By:	LAWRANCE MORRISON	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/29/2015	07:30
Sample Point:	KITCHEN	Date Received:	10/01/2015	12:46
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	1.04	10/02/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.041	10/02/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85861

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	4214 KELLAR AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	ARTHUR BURNS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/30/2015	06:10
Sample Point:	BATHROOM	Date Received:	10/01/2015	12:46
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/02/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/02/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85862

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	605 CHANDLER,FLINT	Source:	Single Family Dwelling	
Collected By:	KELLY BEARDSLEE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/29/2015	07:00
Sample Point:	KITCHEN	Date Received:	10/01/2015	12:46
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.33	10/02/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/02/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85863

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	904 E 7TH ST,FLINT	Source:	Single Family Dwelling
Collected By:	LUCIA TERRY-LANE	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	09/30/2015 08:00
Sample Point:	KITCHEN	Date Received:	10/01/2015 12:46
Water System:	Other	Purpose:	Other

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/02/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	10/02/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

001067

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85929

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3120 NORWOOD DR,FLINT	Source:	Single Family Dwelling	
Collected By:	TOM HUTCHINGS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/30/2015	06:11
Sample Point:	BATHROOM	Date Received:	10/02/2015	09:54
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.011	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85930

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2207 HILLS ST,FLINT	Source:	Single Family Dwelling	
Collected By:	MILES LAM	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/30/2015	18:00
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:54
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.10	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85931

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1359 DONALDSON #2,FLINT	Source:	Single Family Dwelling	
Collected By:	JAMES J KING	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/01/2015	05:00
Sample Point:	BATHROOM	Date Received:	10/02/2015	09:54
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85932

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	612 E 3RD ST APT #3,FLINT	Source:	Single Family Dwelling	
Collected By:	NICOLE WEDDINGTON	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/01/2015	08:00
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:54
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85933

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3701 N AVERILL AVE,FLINT	Source:	Other	
Collected By:	AMBER MILLER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/01/2015	14:45
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:54
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85934

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	819 KENSINGTON,FLINT	Source:	Single Family Dwelling	
Collected By:	BENITA HOLIFIELD	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/01/2015	06:05
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:54
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85935

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2708 CRESTWOOD DR,FLINT	Source:	Single Family Dwelling	
Collected By:	HELEN R HOYT	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/30/2015	07:35
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:54
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.29	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.018	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85936

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	1359 DONALDSON ST,FLINT	Source:	Single Family Dwelling
Collected By:	JAMES J KING	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	10/01/2015
Sample Point:	KITCHEN	Date Received:	10/02/2015 09:54
Water System:	Other	Purpose:	Other

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.08	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85937

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3705 WHITTIER AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	BRAD WEISGERBER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/30/2015	06:30
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:54
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85938

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3014 BEGOLE ST,FLINT	Source:	Single Family Dwelling	
Collected By:	LESLIE DUDLEY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/30/2015	06:19
Sample Point:	BATHROOM	Date Received:	10/02/2015	09:55
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85939

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	4219 GREENLAWN DR,FLINT	Source:	Single Family Dwelling	
Collected By:	THEODORE W MOORE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/01/2015	17:15
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:55
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85940

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48503

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	602 W STEWART,FLINT	Source:	Single Family Dwelling	
Collected By:	ROBERT FLEMING	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/01/2015	09:00
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:55
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.20	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.007	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85941

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1329 WASHINGTON,FLINT	Source:	Single Family Dwelling	
Collected By:	ZEB BROWN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/01/2015	13:30
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:55
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.010	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

001080

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85942

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	533 MACDONALD,FLINT	Source:	Single Family Dwelling	
Collected By:	DIANE MERRELL	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/01/2015	02:35
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:55
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85943

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1210 KENSINGTON,FLINT	Source:	Single Family Dwelling	
Collected By:	ALLEN PAUL WALLING	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/30/2015	15:00
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:55
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

001082

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85944

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	932 KENSINGTON AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	LORENE HAYNES	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/01/2015	07:00
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:55
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.23	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85945

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	G3139 HOGARTH AVE #1,FLINT	Source:	Single Family Dwelling	
Collected By:	RJ KAPLAN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/01/2015	13:00
Sample Point:	DUCK DRINKING FOUNTAIN	Date Received:	10/02/2015	09:55
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.17	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85946

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	G3139 HOGARTH #2,FLINT	Source:	Single Family Dwelling	
Collected By:	RJ KAPLAN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/01/2015	13:00
Sample Point:	SCHOOL DRINKING FOUNTAIN	Date Received:	10/02/2015	09:55
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.22	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85947

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	G3139 HOGARTH AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	RJ KAPLAN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/01/2015	13:00
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:55
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85948

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1210 WALKER ST,FLINT	Source:	Single Family Dwelling	
Collected By:	ANGELA MATHES	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/28/2015	06:30
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:55
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.030	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85949

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	927 KENSINGTON AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	DENNIS FULLER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/30/2015	06:55
Sample Point:	BATHROOM	Date Received:	10/02/2015	09:55
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.17	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.009	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85950

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	927 KENSINGTON AVE #2,FLINT	Source:	Single Family Dwelling	
Collected By:	DENNIS FULLER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/30/2015	07:05
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:55
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.41	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85951

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1005 KENSINGTON AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	TODD KORPI	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/01/2015	06:30
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:55
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.05	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85952

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1002 KENSINGTON AVE APT #1,FLINT	Source:	Single Family Dwelling	
Collected By:	JANICE TESSNER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/01/2015	15:30
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:55
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

001091

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85953

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1006 KENSINGTON AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	FRANCES HOLMES	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/01/2015	05:00
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:55
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

001092

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85954

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	23009 PIERCE ST #2,FLINT	Source:	Single Family Dwelling	
Collected By:	RON DAVIES	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/01/2015	05:15
Sample Point:	REFRIDGERATOR	Date Received:	10/02/2015	09:55
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

001093

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85955

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1319 BEARD ST,FLINT	Source:	Single Family Dwelling	
Collected By:	JOHN RYAN BISHOP	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/01/2015	06:30
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:55
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.41	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.007	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85956

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1205 BLANCHARD,FLINT	Source:	Single Family Dwelling	
Collected By:	JOEL ARNOLD	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/23/2015	07:15
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:55
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.009	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85957

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1001 KENSINGTON AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	JAIME CRAMER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/01/2015	05:30
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:55
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85958

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	540 S SAGINAW ST,FLINT	Source:	Single Family Dwelling	
Collected By:	DOUGLAS KNERR	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/01/2015	06:30
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:55
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.92	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85959

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	736 WALDMAN,FLINT	Source:	Single Family Dwelling	
Collected By:	SCHUYLER KELLEY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/01/2015	07:35
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:55
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF85960

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2309 PIERCE ST,FLINT	Source:	Single Family Dwelling	
Collected By:	RON DAVIES	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/01/2015	05:15
Sample Point:	KITCHEN	Date Received:	10/02/2015	09:55
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/05/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/05/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86477

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1401 S DORT HWY #4,FLINT	Source:	Single Family Dwelling	
Collected By:	KEVIN HAMMERMEISTER	Site Code:	MTA YR OFFICE	
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/02/2015	14:00
Sample Point:	OTHER	Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

001100

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86478

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1401 S DORT HWY #3,FLINT	Source:	Single Family Dwelling	
Collected By:	KEVIN HAMMERMEISTER	Site Code:	GARAGE	
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/02/2015	14:00
Sample Point:	OTHER	Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	1.11	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.008	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86479

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1401 S DORT HWY #5,FLINT	Source:	Single Family Dwelling	
Collected By:	KEVIN HAMMERMEISTER	Site Code:	ADMIN BASEMENT	
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/02/2015	14:00
Sample Point:	OTHER	Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.36	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86480

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3314 DEARBORN ST,FLINT	Source:	Single Family Dwelling	
Collected By:	JOHN H WEST JR	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/03/2015	06:15
Sample Point:	KITCHEN	Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.17	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86481

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3837 RISEDORPH AVE #2,FLINT	Source:	Single Family Dwelling	
Collected By:	JERRY D WEAVER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/03/2015	08:00
Sample Point:	KITCHEN	Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86482

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1806 E WEBSTER RD LOT 168,FLINT	Source:	Single Family Dwelling	
Collected By:	LATISHYA MERRELL	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/02/2015	18:00
Sample Point:	KITCHEN	Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/08/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/08/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

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Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

001105

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86483

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1107 MASON ST #1,FLINT	Source:	Single Family Dwelling	
Collected By:	BEVERLY NEEDHAM	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/05/2015	08:00
Sample Point:	KITCHEN	Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

001106

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86484

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1107 MASON ST #2,FLINT	Source:	Single Family Dwelling	
Collected By:	BEVERLY E NEEDHAM	Site Code:		
Township/Well#/Section:	//	Collector:	Other	
County:	Genesee	Date Collected:	10/05/2015	08:00
Sample Point:	KITCHEN (FILTERED)	Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86485

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3837 RISEDORPH AVE #1,FLINT	Source:	Single Family Dwelling	
Collected By:	JERRY D WEAVER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/04/2015	08:00
Sample Point:	OTHER	Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86486

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1563 BRADLEY AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	WAYNE A PARTRIDGE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/05/2015	08:00
Sample Point:	KITCHEN	Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86487

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	815 BRADLEY AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	ELIZABETH IRELAND-CURTIS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/03/2015	08:10
Sample Point:	BATHROOM	Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.50	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86488

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1115 MASON ST,FLINT	Source:	Single Family Dwelling	
Collected By:	BEVERLY E NEEDHAM	Site Code:		
Township/Well#/Section:	//	Collector:	Other	
County:	Genesee	Date Collected:	10/05/2015	10:00
Sample Point:	KITCHEN	Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.015	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86489

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2319 BAGLEY ST,FLINT	Source:	Single Family Dwelling	
Collected By:	LARA DANIEL	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/05/2015	01:17
Sample Point:	KITCHEN	Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86490

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:		WSSN/Pool ID:	2310
Collection Address:	2522 NOLEN DR,FLINT	Source:	Single Family Dwelling
Collected By:	JUDITH TROMBLEY	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	10/03/2015 07:30
Sample Point:	KITCHEN	Date Received:	10/06/2015 12:07
Water System:	Other	Purpose:	Other

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.15	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86491

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3402 HAWTHORNE DR,FLINT	Source:	Single Family Dwelling	
Collected By:	MARJORIE RIDEOUT	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/03/2015	05:15
Sample Point:	KITCHEN	Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.15	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86492

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3005 THOM,FLINT	Source:	Single Family Dwelling	
Collected By:	NANCY HARDIN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/05/2015	08:30
Sample Point:	KITCHEN	Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86493

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1410 BLUEBERRY LN,FLINT	Source:	Single Family Dwelling	
Collected By:	BETTY L DELL	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/04/2015	12:45
Sample Point:	KITCHEN	Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.14	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.151	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86494

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	1216 COURT ST,FLINT	Source:	Single Family Dwelling
Collected By:	GEORGE ICKE	Site Code:	
Township/Well#/Section:	//	Collector:	Other
County:	Genesee	Date Collected:	10/05/2015 07:00
Sample Point:	KITCHEN	Date Received:	10/06/2015 12:07
Water System:	Other	Purpose:	Other

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86495

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1715 KANSAS AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	JEY HALL	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/03/2015	22:00
Sample Point:	KITCHEN	Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.012	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86496

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	3009 THOM ST,FLINT	Source:	Single Family Dwelling
Collected By:	ANN VECCHIARELLI	Site Code:	
Township/Well#/Section:	//	Collector:	Other
County:	Genesee	Date Collected:	10/04/2015 10:25
Sample Point:	KITCHEN	Date Received:	10/06/2015 12:07
Water System:	Other	Purpose:	Other

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.016	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86497

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	3309 MILLER RD,FLINT	Source:	Single Family Dwelling
Collected By:	CHLOE DEPEW	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	09/30/2015 11:23
Sample Point:	KITCHEN	Date Received:	10/06/2015 12:07
Water System:	Other	Purpose:	Other

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.08	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86498

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3201 COLORADO AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	RICHARD BOURGEOIS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/03/2015	15:30
Sample Point:	KITCHEN	Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86499

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	UNKNOWN	WSSN/Pool ID:	2310	
Collection Address:	,	Source:	Single Family Dwelling	
Collected By:	GLENN THOMAS	Site Code:		
Township/Well#/Section:	//	Collector:	Other	
County:	Unknown	Date Collected:	10/04/2015	19:00
Sample Point:		Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Unknown

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86500

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	,	Source:	Single Family Dwelling	
Collected By:	UNKNOWN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/30/2015	06:15
Sample Point:		Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.008	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86501

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2400 N SAGINAW BLDG C,FLINT	Source:	Single Family Dwelling	
Collected By:	MATT MILLER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/30/2015	04:30
Sample Point:	KITCHEN	Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86502

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	920 N GENESEE ST,FLINT	Source:	Single Family Dwelling	
Collected By:	PAULINE ISOM	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/02/2015	12:30
Sample Point:	BATHROOM	Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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Lansing, MI 48909
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FAX: (517) 335-8562

Sample Number
LF86503

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1861 SPRINGFIELD ST,FLINT	Source:	Single Family Dwelling	
Collected By:	LEWIS BECOATS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/02/2015	15:00
Sample Point:	KITCHEN	Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.13	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86504

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3802 PENBROOK LN,FLINT	Source:	Single Family Dwelling	
Collected By:	ROSE M STEVENS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/01/2015	18:30
Sample Point:	KITCHEN	Date Received:	10/06/2015	12:07
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.12	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86505

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2801 YALE ST #2,FLINT	Source:	Single Family Dwelling	
Collected By:	RANDY KAUFMAN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/02/2015	07:00
Sample Point:	KITCHEN	Date Received:	10/06/2015	12:08
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.053	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86506

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	916 W GENESEE ST,FLINT	Source:	Single Family Dwelling	
Collected By:	PAMELA WOODWARD	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/03/2015	12:30
Sample Point:	BATHROOM	Date Received:	10/06/2015	12:08
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86507

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	2801 YALE ST,FLINT	Source:	Single Family Dwelling
Collected By:	RANDY KAUFMAN	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	10/02/2015 06:55
Sample Point:	KITCHEN	Date Received:	10/06/2015 12:08
Water System:	Other	Purpose:	Other

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.18	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.253	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86508

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT		WSSN/Pool ID:	2310	
Collection Address:	633 W BISHOP AVE,FLINT		Source:	Single Family Dwelling	
Collected By:	MARKEDA JOHNSON		Site Code:		
Township/Well#/Section:	//		Collector:	Private Citizen	
County:	Genesee		Date Collected:	10/02/2015	02:25
Sample Point:	KITCHEN		Date Received:	10/06/2015	12:08
Water System:	Other		Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.09	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86509

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2400 N SAGINAW BLDG G,FLINT	Source:	Single Family Dwelling	
Collected By:	MATT MILLER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/30/2015	14:30
Sample Point:	KITCHEN	Date Received:	10/06/2015	12:08
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.65	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86510

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2429 KANSAS #1,FLINT	Source:	Single Family Dwelling	
Collected By:	PATRICIA LAM	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/02/2015	07:00
Sample Point:	KITCHEN	Date Received:	10/06/2015	12:08
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86511

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3201 MILDRED ST,FLINT	Source:	Single Family Dwelling	
Collected By:	CLEVELAND DUDLEY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/30/2015	12:03
Sample Point:	KITCHEN	Date Received:	10/06/2015	12:08
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86512

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	2429 KANSAS #2,FLINT	Source:	Single Family Dwelling
Collected By:	PATRICIA LAM	Site Code:	
Township/Well#/Section:	//	Collector:	Other
County:	Genesee	Date Collected:	10/02/2015 07:00
Sample Point:	BATHROOM	Date Received:	10/06/2015 12:08
Water System:	Other	Purpose:	Other

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86513

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2400 N SAGINAW ST BLDG E,FLINT	Source:	Single Family Dwelling	
Collected By:	MATT MILLER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/29/2015	13:25
Sample Point:	BATHROOM	Date Received:	10/06/2015	12:08
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	2.57	10/08/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.035	10/08/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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DRINKING WATER LABORATORY

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TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86514

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1401 S DORT HWY #1,FLINT	Source:	Single Family Dwelling	
Collected By:	KEVIN HAMMERMEISTER	Site Code:	ADMIN BLDG 2ND FLOOR	
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/02/2015	14:00
Sample Point:	OTHER	Date Received:	10/06/2015	12:08
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.34	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86515

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	4905 CANTERBURY,FLINT	Source:	Single Family Dwelling	
Collected By:	PHYLLIS J CLARK	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/02/2015	07:00
Sample Point:	KITCHEN	Date Received:	10/06/2015	12:08
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.012	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86516

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1401 S DORT HWY #2,FLINT	Source:	Single Family Dwelling	
Collected By:	KEVIN HAMMERMEISTER	Site Code:	CAFE	
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/02/2015	14:00
Sample Point:	OTHER	Date Received:	10/06/2015	12:08
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.49	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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FAX: (517) 335-8562

Sample Number
LF86517

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2031 CROOKED LN,FLINT	Source:	Single Family Dwelling	
Collected By:	SUSAN GOMES	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/04/2015	20:00
Sample Point:	KITCHEN	Date Received:	10/06/2015	12:08
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.09	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86518

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	918 W MCCLELLAN ST,FLINT	Source:	Single Family Dwelling	
Collected By:	KATHLEEN WILLIAMS	Site Code:		
Township/Well#/Section:	//	Collector:	Other	
County:	Genesee	Date Collected:	10/05/2015	04:00
Sample Point:	KITCHEN	Date Received:	10/06/2015	12:08
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

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RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Sample Number
LF86519

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT		WSSN/Pool ID:	2310	
Collection Address:	4307 BERGER DR,FLINT		Source:	Single Family Dwelling	
Collected By:	LINDA ANDERSON		Site Code:		
Township/Well#/Section:	//		Collector:	Private Citizen	
County:	Genesee		Date Collected:	10/06/2015	08:30
Sample Point:	KITCHEN		Date Received:	10/06/2015	12:08
Water System:	Other		Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

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RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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Sample Number
LF86520

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2100 KANSAS AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	DONALD D MARTIN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/04/2015	06:30
Sample Point:	KITCHEN	Date Received:	10/06/2015	12:08
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.11	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF86521

Official Laboratory Report

Report To: MIKE GLAGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT		WSSN/Pool ID:	2310	
Collection Address:	1119 MASON ST,FLINT		Source:	Single Family Dwelling	
Collected By:	SHARON COKELEY		Site Code:		
Township/Well#/Section:	//		Collector:	Private Citizen	
County:	Genesee		Date Collected:	10/06/2015	07:30
Sample Point:	KITCHEN		Date Received:	10/06/2015	12:08
Water System:	Other		Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/07/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/07/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

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Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87007

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	G3376 BRANCH RD,FLINT	Source:	Single Family Dwelling	
Collected By:	ROBERT A SIMPSON	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	07:00
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87008

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1112 BEARD ST,FLINT	Source:	Single Family Dwelling	
Collected By:	DANIEL SALAZAR	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	06:20
Sample Point:	MAIN BATHROOM	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.16	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.010	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87009

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	719 KENSINGTON AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	SUSAN HOPPE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/07/2015	06:46
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.006	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87010

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:		
Collection Address:	3106 CLEMENT ST,FLINT	Source:	Single Family Dwelling	
Collected By:	GEARLDINE ADKINS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	08:00
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.08	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87011

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1112 BEARD ST,FLINT	Source:	Single Family Dwelling	
Collected By:	DANIEL SALAZAR	Site Code:		
Township/Well#/Section:	//	Collector:	Other	
County:	Genesee	Date Collected:	10/08/2015	06:25
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87012

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1107 BEARD ST,FLINT	Source:	Single Family Dwelling	
Collected By:	JUDY HARRIS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	08:00
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87013

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3001 HENRY ST,FLINT	Source:	Single Family Dwelling	
Collected By:	NANCY HAMPTON	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	00:02
Sample Point:	UNKNOWN	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87014

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2131 SHERFF PL,FLINT	Source:	Single Family Dwelling	
Collected By:	CRAIG WOLCOTT	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	07:08
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87015

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	2818 EPSILON TR,FLINT	Source:	Single Family Dwelling
Collected By:	HERBERT WASCHER	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	10/08/2015
Sample Point:	KITCHEN	Date Received:	10/08/2015 16:00
Water System:	Other	Purpose:	Other

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87016

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1107 BEARD ST,FLINT	Source:	Single Family Dwelling	
Collected By:	JUDY HARRIS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	08:00
Sample Point:	BASEMENT SINK	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.11	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87017

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2602 PEWANAGA PL,FLINT	Source:	Single Family Dwelling	
Collected By:	KIMBERLY LANDAAL	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	06:29
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.37	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87018

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	839 W ALMA,FLINT	Source:	Single Family Dwelling	
Collected By:	RUTH BLASSINGAME	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	08:00
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.008	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87019

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	501 W KEARSLEY,FLINT	Source:	Single Family Dwelling	
Collected By:	JEREMY SHUCK	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/05/2015	15:00
Sample Point:	UPSTAIRS BATHROOM	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87020

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3106 CLEMENT,FLINT	Source:	Single Family Dwelling	
Collected By:	GERALDINE ADKINS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	08:00
Sample Point:	BATHROOM	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.10	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87021

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	725 BLANCHARD AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	GARY HOPPE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/07/2015	08:45
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.11	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.006	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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USEPA Region V Drinking Water Cert. No. MI00003
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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87022

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	211 W OAKLEY ST #7,FLINT	Source:	Single Family Dwelling	
Collected By:	RANDY DELLAPOSTA	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/06/2015	07:35
Sample Point:	ADMIN BASEMENT RO	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87023

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	211 W OAKLEY ST #6,FLINT	Source:	Single Family Dwelling	
Collected By:	RANDY DELLAPOSTA	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/06/2015	06:52
Sample Point:	ADMIN 2ND FLOOR RO	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87024

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	211 W OAKLEY ST #5,FLINT	Source:	Single Family Dwelling	
Collected By:	RANDY DELLAPOSTA	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/06/2015	07:01
Sample Point:	ADMIN 2ND FLOOR R O	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87025

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	211 W OAKLEY ST #4,FLINT	Source:	Single Family Dwelling	
Collected By:	RANDY DELLAPOSTA	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/06/2015	07:01
Sample Point:	ADMIN BOARDROOM SINK	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.50	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87026

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:		
Collection Address:	211 W OAKLEY ST #3,FLINT	Source:	Single Family Dwelling	
Collected By:	RANDY DELLAPOSTA	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/06/2015	06:55
Sample Point:	2ND FLOOR SINK	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.54	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87027

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:		
Collection Address:	211 W OAKLEY ST #2,FLINT	Source:	Single Family Dwelling	
Collected By:	RANDY DELLAPOSTA	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/06/2015	06:11
Sample Point:	MAIN BREAKROOM SINK	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.72	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87028

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	211 W OAKLEY ST #1,FLINT	Source:	Single Family Dwelling	
Collected By:	RANDY DELLAPOSTA	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/06/2015	06:15
Sample Point:	MAINT LUNCH AREA SINK	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.63	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87029

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	211 W OAKLEY ST #12,FLINT	Source:	Single Family Dwelling	
Collected By:	RANDY DELLAPOSTA	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/06/2015	06:40
Sample Point:	EQUIP UPSTAIRS R O	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87030

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	211 W OAKLEY ST #11,FLINT	Source:	Single Family Dwelling	
Collected By:	RANDY DELLAPOSTA	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/06/2015	06:10
Sample Point:	MAINT R O	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87031

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	211 W OAKLEY ST #10,FLINT	Source:	Single Family Dwelling	
Collected By:	RANDY DELLAPOSTA	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/06/2015	06:25
Sample Point:	EQUIP SHOP	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87032

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	211 W OAKLEY ST #9,FLINT	Source:	Single Family Dwelling	
Collected By:	RANDY DELLAPOSTA	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/06/2015	06:32
Sample Point:	STOCKROOM R O	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87033

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	211 W OAKLEY ST #8,FLINT	Source:	Single Family Dwelling	
Collected By:	RANDY DELLAPOSTA	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/06/2015	06:21
Sample Point:	MAINT OFFICE R O	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87034

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:		
Collection Address:	333 BEDE ST,FLINT	Source:	Single Family Dwelling	
Collected By:	JEAN BAINE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/05/2015	
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.08	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.008	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87035

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	
Collection Address:	2013 WEAVER ST,FLINT	Source:	Single Family Dwelling
Collected By:	GARY MILES	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	10/08/2015 06:30
Sample Point:	BATHROOM	Date Received:	10/08/2015 16:00
Water System:	Other	Purpose:	Other

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87036

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	
Collection Address:	1013 BEARD ST,FLINT	Source:	Single Family Dwelling
Collected By:	ELIZABETH ANN ODELL	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	10/03/2015 07:30
Sample Point:	KITCHEN	Date Received:	10/08/2015 16:00
Water System:	Other	Purpose:	Other

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.007	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87037

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:		
Collection Address:	3447 BARTH ST,FLINT	Source:	Single Family Dwelling	
Collected By:	JOSEPH COCHRAN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/01/2015	07:30
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87038

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:		
Collection Address:	3013 CHICAGO BLVD,FLINT	Source:	Single Family Dwelling	
Collected By:	FRANCES BELL	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/06/2015	07:30
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:00
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.008	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87039

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	MIKE GLASGOW	WSSN/Pool ID:		
Collection Address:	1651 N GRAND TRAVERSE,FLINT	Source:	Single Family Dwelling	
Collected By:	DANIEL TUPTON JR	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/05/2015	14:20
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.15	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87040

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:		
Collection Address:	318 BUCKINGHAM AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	MARILYN COLBY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/07/2015	06:50
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.09	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.074	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87041

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1901 E 2ND ST,FLINT	Source:	Single Family Dwelling	
Collected By:	MARCELA FRANCO	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/06/2015	06:15
Sample Point:	BATHROOM	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87042

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2925 CHICAGO BLVD,FLINT	Source:	Single Family Dwelling	
Collected By:	RUTH SZPIECH	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/06/2015	07:20
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.006	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87043

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:		
Collection Address:	1820 DELAWARE AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	CAROLINE JOBB	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/06/2015	09:15
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.006	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87044

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:		
Collection Address:	318 BEDE ST,FLINT	Source:	Single Family Dwelling	
Collected By:	CAROL JENKINS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/06/2015	05:40
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87045

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:		
Collection Address:	2309 WISCONSIN AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	SALLY WEATHERWAY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	08:20
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.08	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87046

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:		
Collection Address:	2701 DAKOTA,FLINT	Source:	Single Family Dwelling	
Collected By:	TIFFANY CANUANESS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	06:30
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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Lansing, MI 48909
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FAX: (517) 335-8562

Sample Number
LF87047

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:		
Collection Address:	3701 WOODROW AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	ERIKA SCHLAUD	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/06/2015	22:15
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87048

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2018 CANNIFF ST,FLINT	Source:	Single Family Dwelling	
Collected By:	PATRICK L RYALS SR	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/07/2015	05:42
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.006	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87049

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	337 BUCKINGHAM AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	CYD R HENZAREK	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/06/2015	12:30
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87050

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3807 N CENTER RD,FLINT	Source:	Single Family Dwelling	
Collected By:	ANTHONY FORAHAM	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/07/2015	07:00
Sample Point:	BATHROOM	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.26	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87051

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3310 E COURT ST,FLINT	Source:	Single Family Dwelling	
Collected By:	ROBERT BINCSIK	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/06/2015	06:00
Sample Point:	BATHROOM	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.11	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87052

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:		
Collection Address:	721 FRANK ST,FLINT	Source:	Single Family Dwelling	
Collected By:	GERALDINE ERWIN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/07/2015	08:00
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.011	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87053

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3807 N CENTER RD,FLINT	Source:	Single Family Dwelling	
Collected By:	ANTHONY FORDNAM	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/07/2015	07:00
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.58	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

001191

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87054

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:		
Collection Address:	5813 GRIGGS DR,FLINT	Source:	Single Family Dwelling	
Collected By:	WILLIE & PATRICIA MCKENZIE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/07/2015	05:42
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87055

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3709 SHERRY DR,FLINT	Source:	Single Family Dwelling	
Collected By:	SANDRA MOORE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/07/2015	07:54
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87056

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3702 RISEDORPH AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	THOMAS G NOVAK	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/07/2015	06:30
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.16	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.006	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

001194

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87057

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	629 BURROUGHS,FLINT	Source:	Single Family Dwelling
Collected By:	BETHANY A SEYMOUR	Site Code:	
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	10/07/2015
Sample Point:	KITCHEN	Date Received:	10/08/2015 16:01
Water System:	Other	Purpose:	Other

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.11	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87058

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:		
Collection Address:	423 S FRANKLIN AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	BETTY & FRANK HAMILTON	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/05/2015	22:00
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87059

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	901 W SECOND ST,FLINT	Source:	Single Family Dwelling	
Collected By:	JULIE BROOKS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	09/29/2015	15:30
Sample Point:	BATHROOM	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87060

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3917 RED ARROW RD,FLINT	Source:	Single Family Dwelling	
Collected By:	CONNIE STEVEN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/06/2015	06:30
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.009	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87061

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3810 HERRICK ST,FLINT	Source:	Single Family Dwelling	
Collected By:	JUSTIN SULLENGER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/07/2015	05:00
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87062

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2309 TORONTO ST,FLINT	Source:	Single Family Dwelling	
Collected By:	OTIS JAMES LOVEJOY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/07/2015	06:00
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.08	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87063

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1305 MAPLEWOOD AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	LEONARD TREVORROW	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/07/2015	06:00
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87064

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	,	Source:	Single Family Dwelling	
Collected By:	DON LEWIS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/07/2015	06:00
Sample Point:		Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87065

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	,FLINT	Source:	Single Family Dwelling	
Collected By:	KAY ROGERS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/02/2015	20:30
Sample Point:	KITCHEN	Date Received:	10/08/2015	16:01
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/09/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.009	10/09/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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USEPA Region V Drinking Water Cert. No. MI00003
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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87364

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3010 MCCLURE,FLINT	Source:	Single Family Dwelling	
Collected By:	HEATHER BONNER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/09/2015	09:15
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:29
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87365

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1101 S SAGINAW ST RM N102,FLINT	Source:	Single Family Dwelling	
Collected By:	KATHRYN NEUMANN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/07/2015	13:20
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:29
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.34	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87366

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3200 ROBERT T LONGWAY #2,FLINT	Source:	Single Family Dwelling	
Collected By:	ADAM CORNELL	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/09/2015	08:00
Sample Point:	REAR BREAK ROOM	Date Received:	10/13/2015	14:29
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	1.38	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.017	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
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Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

001206

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87367

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1809 VALLEY LANE,FLINT	Source:	Single Family Dwelling	
Collected By:	MARCIA BLASSINGAME	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	15:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:29
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87368

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2938 PARKSIDE DR,FLINT	Source:	Single Family Dwelling	
Collected By:	RAYMOND CHAN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/07/2015	09:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:29
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.25	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87369

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3713 SHERRY DR,FLINT	Source:	Single Family Dwelling	
Collected By:	DIMITROIS NEDANIS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	03:30
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:29
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87370

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	4123 COGGINS AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	LEN MOODY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	06:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:29
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.09	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87371

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3719 KENT ST,FLINT	Source:	Single Family Dwelling	
Collected By:	MARCIA BLASSINGAME	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	15:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:29
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.16	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87372

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	MIKE GLASGOW	WSSN/Pool ID:	2310	
Collection Address:	4500 N DORT HWY,FLINT	Source:	Single Family Dwelling	
Collected By:	AMY MESSER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/07/2015	04:15
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:29
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.24	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87373

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1302 LINCOLN AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	SAMANTHA MEYERS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/05/2015	17:30
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:29
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.23	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.014	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87374

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	311 S VERNON AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	KENNETH STEIN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/12/2015	13:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:29
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	10/15/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	10/15/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87375

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2715 LAKEWOOD DR,FLINT	Source:	Single Family Dwelling	
Collected By:	SHIRLEY W JOHNSON	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/09/2015	14:30
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:29
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.30	10/15/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.007	10/15/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87376

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3409 SANTA CLARA CT,FLINT	Source:	Single Family Dwelling	
Collected By:	MARY COYNE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/09/2015	05:40
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:29
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.10	10/15/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/15/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87377

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1830 HAMPDEN RD,FLINT	Source:	Single Family Dwelling	
Collected By:	JASON DODGE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/02/2015	03:47
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:29
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/15/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/15/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Flint, MI 48502-1540
810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87378

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3514 BRANDON ST,FLINT	Source:	Single Family Dwelling	
Collected By:	KATHY M REID	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/09/2015	05:20
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:29
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87379

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	336 BUCKINGHAM AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	VALERIE VALLAIRE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	23:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:29
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

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Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87380

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3610 SHERRY DR,FLINT	Source:	Single Family Dwelling	
Collected By:	ORDANA NEDANIS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	15:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:29
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.05	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

001220

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87381

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3214 N AVERILL AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	VIVIAN NELSON	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/11/2015	22:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:29
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.15	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87382

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1101 S SAGINAW ST RM 20,FLINT	Source:	Single Family Dwelling	
Collected By:	CATHY YOUNG	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	07:30
Sample Point:	BREAK ROOM	Date Received:	10/13/2015	14:29
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.59	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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810 257-3603

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Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Sample Number
LF87383

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1160 DUPONT ST,FLINT	Source:	Single Family Dwelling	
Collected By:	BENJAMIN LUCKETT	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	05:30
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:29
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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AL : Action Level
RL : Reporting Limit

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ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87384

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	4910 EDWARDS AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	RAYMOND NEAL JR	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/09/2015	05:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:29
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.05	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87385

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3622 GRATIOT AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	GARY FLINN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	15:15
Sample Point:	BATHROOM	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.006	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Sample Number
LF87386

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	414 CHALMERS ST,FLINT	Source:	Single Family Dwelling	
Collected By:	DELLA L MCGAUGH	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/11/2015	08:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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AL : Action Level
RL : Reporting Limit

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ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Lansing, MI 48909
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Sample Number
LF87387

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1001 BLANCHARD AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	BILLIE FISHER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/06/2015	06:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87388

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3123 CHAMBERS,FLINT	Source:	Single Family Dwelling	
Collected By:	C ONEAL	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/09/2015	09:00
Sample Point:	BATHROOM	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.08	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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USEPA Region V Drinking Water Cert. No. MI00003
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Lansing, MI 48909
TEL: (517) 335-8184
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Sample Number
LF87389

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	7002 PEMBERTON DR,FLINT	Source:	Single Family Dwelling	
Collected By:	RIVER PARK	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/09/2015	14:15
Sample Point:	OTHER (BREAK ROOM FAUCET)	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.08	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.007	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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Lansing, MI 48909
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FAX: (517) 335-8562

Sample Number
LF87390

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3613 LEITH ST,FLINT	Source:	Single Family Dwelling	
Collected By:	LILLIAN FLINN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/12/2015	14:13
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.019	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

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ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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Lansing, MI 48909
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Sample Number
LF87391

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	360 BUCKINGHAM AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	TRACEY DROST	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/09/2015	06:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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810 257-3603

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mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Lansing, MI 48909
TEL: (517) 335-8184
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Sample Number
LF87392

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3800 RICHFIELD RD,FLINT	Source:	Single Family Dwelling	
Collected By:	LAZARICK CHATMAN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	04:15
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87393

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3840 GLOUCESTER ST,FLINT	Source:	Single Family Dwelling	
Collected By:	MILTON E TUCKER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	07:30
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.09	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87394

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	822 FRANK ST,FLINT	Source:	Single Family Dwelling	
Collected By:	NANCY STROUP	Site Code:		
Township/Well#/Section:	//	Collector:	Other	
County:	Genesee	Date Collected:	10/08/2015	05:45
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.23	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87395

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2516 NOLEN DR,FLINT	Source:	Single Family Dwelling	
Collected By:	CARMELA SLEVA	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/10/2015	08:44
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.15	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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DRINKING WATER LABORATORY

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TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87396

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2001 N CENTER RD,FLINT	Source:	Single Family Dwelling	
Collected By:	MIKKI WADE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/12/2015	10:00
Sample Point:	BATHROOM	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.17	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.017	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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TEL: (517) 335-8184
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Sample Number
LF87397

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3224 N AVERILL AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	VIVIAN DUSA	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/12/2015	04:30
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87398

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3741 JOAL LN,FLINT	Source:	Single Family Dwelling	
Collected By:	WALTER SLANN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	08:30
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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810 257-3603

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AL : Action Level
RL : Reporting Limit

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ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87399

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	4301 OGEMA AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	DONNA HENZAREK	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/09/2015	04:30
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.08	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.021	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
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Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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Lansing, MI 48909
TEL: (517) 335-8184
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Sample Number
LF87400

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1310 FOREST HILL ST,FLINT	Source:	Single Family Dwelling	
Collected By:	KIETH MOREY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/09/2015	04:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87401

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	329 W ELDRIDGE AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	DORIS ALLEN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	15:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.010	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
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Sample Number
LF87402

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2250 NOLEN DR,FLINT	Source:	Single Family Dwelling	
Collected By:	PETER PEREZ	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/06/2015	19:00
Sample Point:	BATHROOM	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.18	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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FAX: (517) 335-8562

Sample Number
LF87403

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	5838 EDGAR HOLT DR,FLINT	Source:	Single Family Dwelling	
Collected By:	GREG BROWN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/09/2015	08:30
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.08	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.027	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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Sample Number
LF87404

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3156 DAKOTA AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	MICHAEL DALY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/09/2015	09:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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Lansing, MI 48909
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Sample Number
LF87405

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1401 WOODLAWN PARK DR,FLINT	Source:	Single Family Dwelling	
Collected By:	TIMOTHY L BAUSACK	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	07:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.05	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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810 257-3603

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RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87406

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	705 SIMCOE AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	JERALD FRICK	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/09/2015	05:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.05	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.007	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87407

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2101 STEDRON ST,FLINT	Source:	Single Family Dwelling	
Collected By:	KMS (FLINT HOUSING COMM)	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/09/2015	08:30
Sample Point:	BATHROOM	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.32	10/15/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.006	10/15/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87408

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3200 ROBERT T LONGWAY,FLINT	Source:	Single Family Dwelling	
Collected By:	ADAM CORNELL	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/09/2015	08:00
Sample Point:	KITCHEN (BREAKROOM)	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.55	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87409

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	340 BUCKINGHAM AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	MELBA BEEMER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/07/2015	12:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87410

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1805 LAPEER RD,FLINT	Source:	Single Family Dwelling	
Collected By:	ALBERT UYEMURA	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/07/2015	16:05
Sample Point:	DRINKING FOUNTAIN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.31	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87411

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	6707 PARKBELT DR,FLINT	Source:	Single Family Dwelling	
Collected By:	RITA KENNARD	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	04:50
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87412

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	924 ALVORD AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	MARILYN CAMPBELL	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/09/2015	08:00
Sample Point:	BATHROOM	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.005	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87413

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	359 TENNYSON AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	MIKE SCHLENDER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/09/2015	06:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.06	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87414

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1106 KENSINGTON AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	DELIA CAPPEL	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/07/2015	08:30
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.11	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87415

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	902 E COURT ST,FLINT	Source:	Single Family Dwelling	
Collected By:	DAWN HERRON	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/12/2015	03:48
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87416

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3405 WESTWOOD PKY,FLINT	Source:	Single Family Dwelling	
Collected By:	MAXWELL TAYLOR	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	07:05
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.21	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.020	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87417

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2565 BAGLEY ST,FLINT	Source:	Single Family Dwelling	
Collected By:	DONELLE KETCHUM	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	07:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.12	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87418

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	820 GARLAND,FLINT	Source:	Single Family Dwelling	
Collected By:	JAMES RAY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/12/2015	15:45
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87419

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1160 DUPONT ST,FLINT	Source:	Single Family Dwelling	
Collected By:	BENJAMIN LUCKETT	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	05:30
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87420

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1622 E HAMILTON AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	AMY HEGWOOD	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/13/2015	05:50
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87421

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	UNKNOWN,FLINT	Source:	Single Family Dwelling	
Collected By:	TOM MCCABE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/12/2015	07:30
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87422

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	3011 N CENTER RD,FLINT	Source:	Single Family Dwelling	
Collected By:	CHIP WUTTKE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/08/2015	04:14
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.11	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.002	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87423

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	518 MASON ST,FLINT	Source:	Single Family Dwelling	
Collected By:	MEGHAN GAUVREAU	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/12/2015	20:10
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.15	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87424

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1920 COLCHESTER RD,FLINT	Source:	Single Family Dwelling	
Collected By:	ROBERT SWANSON	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/12/2015	08:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.13	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87425

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1025 E KEARSLEY ST #2,FLINT	Source:	Single Family Dwelling	
Collected By:	JIMMY MARRIOTT	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/12/2015	08:05
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.42	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87426

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1220 E KEARSLEY ST,FLINT	Source:	Single Family Dwelling	
Collected By:	FLINT YOUTH THEATRE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/12/2015	06:30
Sample Point:	DRINKING FOUNTAIN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.27	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.078	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87427

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1221 S KEARSLEY ST,FLINT	Source:	Single Family Dwelling	
Collected By:	FLINT YOUTH THEATRE	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/12/2015	06:30
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.58	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87428

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	4060 MARTIN LUTHER KING AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	DAWN HERRON	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/12/2015	03:40
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY
USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87429

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	329 W ELDRIDGE AVE,FLINT	Source:	Single Family Dwelling	
Collected By:	DORIS ALLEN	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/11/2015	17:20
Sample Point:	BATHROOM	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.013	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87430

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2020 RASKOB ST,FLINT	Source:	Single Family Dwelling	
Collected By:	DEMETRIUS HUNTER	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/09/2015	07:13
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.19	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

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630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87431

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	1705 LAUREL OAK DR,FLINT	Source:	Single Family Dwelling	
Collected By:	HELENE STREICH	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/12/2015	06:15
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.07	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

CAS# : Chemical Abstract Service Registry Number
MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87432

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	2010 CASTLE LN,FLINT	Source:	Single Family Dwelling	
Collected By:	JOHN W NICHOLS	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/09/2015	08:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

Your local health department has detailed information about the quality of drinking water in your area. If you have concerns about the health risks related to the test results of your sample, please contact the Environmental Health Section through the address and telephone number listed below:

Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87433

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	714 ELLAND ST,FLINT	Source:	Single Family Dwelling	
Collected By:	VANESSA BENWAY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/12/2015	06:30
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.001	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Flint, MI 48502-1540
810 257-3603

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MCL : Maximum Contaminant Level
AL : Action Level
RL : Reporting Limit

mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87434

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	906 GARLAND,FLINT	Source:	Single Family Dwelling	
Collected By:	JAMES RAY	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/12/2015	16:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	Not detected	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	Not detected	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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Genesee County Health Dept.
630 South Saginaw
Flint, MI 48502-1540
810 257-3603

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mg/L : milligrams / Liter (ppm)
ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87435

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310
Collection Address:	1025 E KEARSLEY ST,FLINT	Source:	Single Family Dwelling
Collected By:	JIMMY MARRIOTT	Site Code:	FLINT INSTITUTE OF MUSIC
Township/Well#/Section:	//	Collector:	Private Citizen
County:	Genesee	Date Collected:	10/12/2015 08:00
Sample Point:	DRINKING FOUNTAIN	Date Received:	10/13/2015 14:30
Water System:	Other	Purpose:	Other

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.24	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.004	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

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Flint, MI 48502-1540
810 257-3603

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ppm : parts per million
MPN : Most Probable Number
CFU : Colony Forming Unit

Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian

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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER LABORATORY

USEPA Region V Drinking Water Cert. No. MI00003
P.O. Box 30270
Lansing, MI 48909
TEL: (517) 335-8184
FAX: (517) 335-8562

Sample Number
LF87436

Official Laboratory Report

Report To: MIKE GLASGOW
4500 N DORT HWY
FLINT MI 48505

System Name/Owner:	CITY OF FLINT	WSSN/Pool ID:	2310	
Collection Address:	801 FLORAL PK,FLINT	Source:	Single Family Dwelling	
Collected By:	HOWARD ESTATES	Site Code:		
Township/Well#/Section:	//	Collector:	Private Citizen	
County:	Genesee	Date Collected:	10/09/2015	10:00
Sample Point:	KITCHEN	Date Received:	10/13/2015	14:30
Water System:	Other	Purpose:	Other	

TESTING INFORMATION			REGULATORY INFORMATION			
Analyte Name	Result (mg/L)	Date Tested	RL (mg/L)	MCL/AL (mg/L)	Method	CAS #
Copper	0.12	10/14/2015	0.05	1.3	EPA 200.8	7440-50-8
Lead	0.003	10/14/2015	0.001	0.015	EPA 200.8	7439-92-1

The analyses performed by the MDEQ Drinking Water Laboratory were conducted using methods approved by the U .S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CFR parts 141-143, and other regulatory agencies as appropriate.

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810 257-3603

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Laboratory Contacts
Drinking Water Unit Mgr: Julia Pieper
Systems Mgmt. Unit Mgr: George Krisztian