

**WORK ORDER**

**Mt. Pleasant**

**Water Testing, Inc.**

5701 W. Baseline Rd.

Weidman, MI 48893

**PHONE: 989-644-8269**

**FAX: 989-644-3295**

**mpwatertesting@gmail.com**

**Date Ordered:** \_\_\_\_\_

**DATE RESULTS NEEDED**

**BY:** \_\_\_\_\_

*Please specify date of closing or inspection deadline (Please - not just ASAP!)*

**EVALUATION/INSPECTION YOU REQUIRE:**

- WELL
- SEPTIC
- BACTERIA/NITRATE WATER TEST
- OTHER PARAMETERS \_\_\_\_\_  
(lead, etc..)

**OCCUPIED: OWNER** \_\_\_\_\_

- VACANT? HOW LONG?** \_\_\_\_\_

**PERMITS? Please fax with order**

- SEPTIC       WELL
- PUMP CARD

**RESULTS TO BE SENT TO:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_

FAX: \_\_\_\_\_

PHONE: \_\_\_\_\_

LOAN TYPE:

- CONVENTIONAL       VA
- FHA       OTHER       RURAL DEV.

**PERSON ORDERING SERVICE (RESPONSIBLE FOR PAYMENT)**

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

**GAINING ACCESS INTO THE HOUSE CONTACT**

PERSON: \_\_\_\_\_

PHONE # \_\_\_\_\_

COMBINATION BOX? \_\_\_\_\_

**DRIVING DIRECTIONS:**

**SITE INFORMATION:**

STREET \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY,ST, ZIP \_\_\_\_\_

TOWNSHIP \_\_\_\_\_

COUNTY \_\_\_\_\_

**SEPTIC / DRAINFIELD LOCATIONS:**

<b><u>For Internal Use Only</u></b>	
Sample Date: _____	Sample Time: _____
Sample Collector: _____	Sample Location: _____
	Sample ID# _____ Incub.IN _____