

STATE OF MAINE
Department of Health and Human Services
Health & Environmental Testing Laboratory
12 State House Station
221 State Street, Augusta, ME 04333-0012

FEE \$25 PER KIT
Payable in Advance
Check Payable to:
Treasurer, State of Maine

APPLICATION FOR WATER KIT

I hereby make application for a special sterilized kit in which to send you a sample of water for chemical and bacterial examination. This test covers only minimum health safety water quality and does not consider possible taste, odor, or color problems.

Please give complete mailing address to which the kits are to be sent, including postal code.

Please send a **copy** of water test results to:

Division of Licensing & Regulatory Services
Community Services Programs
41 Anthony Avenue
11 State House Station
Augusta, ME 04333-0011

Forward containers to: (PLEASE PRINT OR TYPE)

Facility Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Contact Person: _____