

## **Inorganic Chemistry Environmental Lead Examination**

Katherine A. Kelley State Public Health Laboratory, 395 West Street, Rocky Hill, CT 06067 Phone Number: (860) 920-6585 Select Water Source

☐ Public Water Supply
☐ Private Well

Submitter's Information:	Name: Horizon Profile:				
Address:	(City) (State) (Zip Code)				
		(City	r)	(State) (Zip Code)	
Sample Information:					
Address:(Street)		(City	·)	(State) (Zip Code)	
Collector's Information:	Name:		Ti	tle:	
	Date:		Collector's Phor	e Number:	
TEST REQUESTED					
☐ Paint Chips (PB2391-C)	) □ Dust Wipe (PB2391-E) □ Soil (PB2391			☐ Soil (PB2391-S)	
☐ Water (200.8-PB-P)	☐ Other				
*** <b>PLE</b> /	ASE GROUP E	EACH SAMPLI	E TYPE ON A SEF	ARATE FORM ***	
LABORATORY USE ONLY	Wipe Area	Sample ID		Location of Sample	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
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17.					
18.					
19.					
20.					