



Current Prices

<u>TEST</u>	<u>PRICE</u>
Total Colfirm-Present/Absent	\$28.00
Total Coliform-MPN Count	\$39.00
Pool (drop off at HML)	\$28.00
E.coli (ground water)	\$33.00
Nitrate	\$30.00
Nitrite	\$28.00
Lead	\$33.00
Arsenic	\$33.00
 MORTGAGE PACKAGE	 \$119.00
Total Coliform (P/A)	
Nitrate	
Nitrite	
Lead	
 WELL PACKAGE	 \$114.00
Total Coliform (P/A)	
Nitrate	
Lead	
Arsenic	
*Package gives a \$10.00 discount	
 WELL MAINTENANCE PACKAGE	 \$159.00
Total Coliform (P/A)	
Nitrate	
Lead	
Arsenic	
Copper	
Fluoride	
*Package gives a \$17.00 discount	

Big Enough to Serve...

Small Enough to Care



Micro Sample Submission Form

Fee for County Health Dept. pick up \$10.00

QF-5.7.1.ME rev.7
12/30/25

Temp: _____

HML Sample No. _____

Contact Information		PAYMENT DUE UPON RECEIPT OF SAMPLE	
Company:		<input type="checkbox"/> Cash <input type="checkbox"/> Check	Amount Rec'd: \$ _____
Name:		<input type="checkbox"/> Credit Card (List Type)	PO# _____
Address:	City, State:	Card No. _____	Exp. _____
Phone:	Zip:	Signature: _____	
Sample results will be delivered via United States Postal Service. If desired, sample results can be faxed and/or e-mailed.	Fax: <input type="checkbox"/>	E-mail: <input type="checkbox"/>	

Billing Address if different from the above:

Sample Address (if different from above)	County	Area Collected From	Date & Time Collected	Sample Collected By

Sample Matrix: circle one	Drinking Water Waste Water Sludge Soil	Assay desired: circle one	Total Dissolved
---------------------------	--	---------------------------	-------------------

PWSID# **All state required samples will be submitted to IDEM. (if applicable)**

Call 765-288-1124 with your specific analytical needs and concerns. To ensure analytical integrity, we reserve the right to reject inappropriately prepared/shipped samples. All analytical services subject to our terms and conditions. Expedited service may be available for an extra fee. Due to method requirements not all tests can be expedited. Our business hours are 9:00 am - 5:00 pm, Monday - Friday. I hereby agree that all the information provided above is accurate and I authorize HML to perform the desired test(s) listed below on the sample(s) I have provided. All information pertaining to the above client is kept strictly confidential.

Relinquished by	Date & Time	Received by	Rcvd Date & Time

PLEASE INDICATE THE DESIRED TEST BELOW

Contaminant (Desired Test)	Potential Health Effects	Sources of Contamination
<input type="checkbox"/> Total Coliform (Present/Absent) (including Fecal Coliform & E.coli) \$28.00	Not a health threat in itself; it is used to indicate whether other potentially harmful bacteria may be present.	Coliforms are naturally present in the environment; as well as feces; fecal coliforms and E.coli only come from human and animal fecal waste.
<input type="checkbox"/> Total Coliform w/Count (MPN) (including Fecal Coliform & E.coli) \$39.00		
<input type="checkbox"/> Swimming Pool (Total Coliform & HPC) Call For Pricing	HPC has no health effects; it is an analytic that are common in swimming pool water.	HPC measures a range of bacteria the environment.
<input type="checkbox"/> E.coli \$33.00	Disease-causing microbes (pathogens) in these wastes can cause diarrhea, cramps, nausea, headaches or other symptoms. These pathogens may pose a special health risk for infant, young children, and people with severely compromised immune systems.	Indicates that the water may be contaminated with human or animal wastes.
<input type="checkbox"/> Other		

Sample Receiving Address: HML, 912 W. McGalliard Rd., Muncie, IN 47303

Phone: 765-288-1124 Fax: 765-288-8378 E-mail: drh@hml.com



Inorganic Sample Submission Form

Fee for County Health Dept. pick up \$10.00

QF-5.7.1.IN Rev 4
12/30/25

Temp: _____ HML Sample No. _____

Contact Information		PAYMENT DUE UPON RECEIPT OF SAMPLE	
Company:		<input type="checkbox"/> Cash	<input type="checkbox"/> Check Amount Rec'd: \$ _____
Name:		<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card <input type="checkbox"/> Discover PO# _____
Address: City, State, Zip:		Card No. _____ Exp. _____	
Phone:	Fax:	Signature: _____	
Report preference (check one): <input type="checkbox"/> fax <input type="checkbox"/> e-mail		E-mail: _____	

Billing Address if different from the above: _____

Sample Address (if different from above)	County	POE	Area Collected From	Date & Time Collected	First and Last name of person collecting sample

PWSID# All state required samples will be submitted to IDEM. (if applicable)

Call 765-288-1124 with your specific analytical needs and concerns. To ensure analytical integrity, we reserve the right to reject inappropriately prepared/shipped samples. All analytical services subject to our terms and conditions. Expedited service may be available for an extra fee. Due to method requirements not all tests can be expedited. Our business hours are 9:00 am - 5:00 pm, Monday - Friday. I hereby agree that all the information provided above is accurate and I authorize HML to perform the desired test(s) listed below on the sample(s) I have provided. All information pertaining to the above client is kept strictly confidential.

Relinquished by	Date & Time	Received by	Received Date & Time

PLEASE INDICATE THE DESIRED TEST BELOW

Contaminant (Desired Test)	Potential Health Effects	Sources of Contamination
<input type="checkbox"/> Nitrate \$30.00	Infants below the age of six months who drink water containing nitrate or nitrite in excess of the MCL could become seriously ill and, if untreated, may die. Symptoms include shortness of breath and blue-baby syndrome.	Runoff from fertilizer use; Leaching from septic tanks, sewage; Erosion of natural deposits.
<input type="checkbox"/> Nitrite \$28.00		
<input type="checkbox"/> Fluoride \$30.00	Bone disease (pain and tenderness of the bones); Children may get mottled teeth.	Water additive which promotes strong teeth; Erosion of natural deposits; Discharge from fertilizer and aluminum factories.
<input type="checkbox"/> Sulfate \$39.00	Ingestion of sulfates in excess of 250mg/L may cause pain in the abdomen, gastrointestinal irritation, vomiting, water or bloody diarrhea, tenesmus (painful straining to empty bowels or bladder without the evacuation of them) and collapse.	Sulfate is widely distributed in nature and may be present in natural waters in concentrations ranging from a few to several thousand milligrams per liter. Mine drainage wastes may contribute large amounts of sulfate through pyrite oxidation.
<input type="checkbox"/> Other		

Sample Receiving Address: HML, 912 W. McGalliard Rd., Muncie, IN 47303

Phone: 765-288-1124 Fax: 765-288-8378 E-mail: drh@hml.com



Metals Sample Submission Form

Fee for County Health Dept. pick up \$10.00

QF-5.7.1.ME rev.4

12/30/25

HML Sample No. _____

Contact Information		PAYMENT DUE UPON RECEIPT OF SAMPLE	
Company:		<input type="checkbox"/> Cash <input type="checkbox"/> Check	Amount Rec'd: \$ _____
Name:		<input type="checkbox"/> Credit Card (List Type)	PO# _____
Address:	City, State:	Card No. _____	Exp. _____
Phone:	Zip:	Signature: _____	
Sample results will be delivered via United States Postal Service. If desired, sample results can be faxed and/or e-mailed.	Fax: <input type="checkbox"/>	E-mail: <input type="checkbox"/>	

Billing Address if different from the above:

Sample Address (if different from above)	County	Area Collected From	Date & Time Collected	Sample Collector

Sample Matrix: circle one Drinking Water Waste Water Sludge Soil

PWSID# **All state required samples will be submitted to IDEM. (if applicable)**

Call 765-288-1124 with your specific analytical needs and concerns. To ensure analytical integrity, we reserve the right to reject inappropriately prepared/shipped samples. All analytical services subject to our terms and conditions. Expedited service may be available for an extra fee. Due to method requirements not all tests can be expedited. Our business hours are 9:00 am - 5:00 pm, Monday - Friday. I hereby agree that all the information provided above is accurate and I authorize HML to perform the desired test(s) listed below on the sample(s) I have provided. All information pertaining to the above client is kept strictly confidential.

Relinquished by	Date & Time	Received by	Rcvd Date & Time

PLEASE INDICATE THE DESIRED TEST BELOW

Contaminant (Desired Test)	Potential Health Effects	Sources of Contamination
<input type="checkbox"/> Arsenic \$33.00	Skin damage or problems with circulatory systems, and may have increased risk of getting cancer.	Erosion of natural deposits; Runoff from orchards; Runoff from glass and electronics production wastes
<input type="checkbox"/> Lead \$33.00	Infants and children: Delays in physical or mental development; Children could show slight deficits in attention span and learning abilities; Adults: Kidney problems; High blood pressure.	Corrosion of household plumbing systems; Erosion of natural deposits
<input type="checkbox"/> Copper \$22.00	Short term exposure: Gastrointestinal distress. Long term exposure: Liver or kidney damage. People with Wilson's Disease should consult their personal doctor if the amount of copper in their water exceeds the action level.	Corrosion of household plumbing systems; Erosion of natural deposits
<input type="checkbox"/> Iron \$28.00	Rusty color; Sediment; Metallic taste; Reddish or orange staining.	Erosion of natural deposits.
<input type="checkbox"/> Manganese \$22.00	Black to brown color; Black staining; Bitter metallic taste.	Erosion of natural deposits.
<input type="checkbox"/> Sodium \$22.00	High levels of salt intake may be associated with hypertension in some individuals.	Water softeners.
<input type="checkbox"/> Other List: _____		

Sample Receiving Address: HML, 912 W. McGalliard Rd., Muncie, IN 47303

Phone: 765-288-1124 Fax: 765-288-8378 E-mail: drh@hml.com