



FOR LAB USE ONLY

Account #: _____ Lab ID: _____ Received on Account: _____ Check No: _____
 Comments: **C S X Cl-** _____ Acceptable?: **Yes / No**
 Container: **U B N S H O** _____ Temperature: _____ °C Date/Initial: _____

Water Test Packages (Check desired test or tests)

- Drinking Water Suitability With Coliform Bacteria (Use **both** containers.)
- Drinking Water Suitability Without Coliform Bacteria (Use **larger**, non-sterile container only.)
- Irrigation Water Suitability (Use **larger** non-sterile container only.)
- Livestock Water Suitability (Use **larger** non-sterile container only.)
- 13 Parameter Test (Use **larger** non-sterile container only.)
- Coliform Bacteria, Only (Use smaller, clear, sterile container only. For bacteria count, please see bacteria note below.)
- Nitrate-Nitrogen Only (Use **larger** non-sterile container only.)
- Coliform Bacteria and Nitrate-Nitrogen (Use **both** containers)
- Iron Related Bacteria (Category: Nuisance Bacteria)
- Sulfate Reducing Bacteria (Category: Nuisance Bacteria)
- Other Packages _____

Contact lab for special containers and prices. *Please list tests above.*

COLIFORM BACTERIA SAMPLES: A \$75.00 extra charge per sample will be incurred to process samples arriving after 3:00 pm on Thursday or any time on Friday. A \$100.00 extra charge will be incurred for samples arriving the day before a holiday. Date and time *must* be entered for coliform bacteria samples. According to regulations, coliform bacteria analysis must be started within 30 hours of collection. (Coliform samples from private wells may be accepted up to 48 hours, but the sample must be flagged past the holding time.) If mailing, please collect sample as close to shipping time as possible to avoid exceeding the 30 hour coliform limit.

ALL COLIFORM BACTERIA TESTS default to the **Presence/Absence** test. Please check this box if you need a colony count. There will be an **extra** charge for this option.

Account Information (for reporting and billing)

*Report To: _____
 *Address: _____

 Bill To (if different from above): _____

 *Phone No: _____
 *Fax or email: _____

Sample Information (will appear on report)

*Client: _____
 *Sample ID: _____
 *Source of Sample: _____
 Water Type: Drinking *Livestock Irrigation
 Water Supplied From: Own Well Cistern Municipality

 *List kinds of livestock: _____

If needing a copy of the report mailed to a third party, please write the name and address on the back of this sheet. Add \$1.00 per report.

Sample Collected By: _____ Date Collected: _____ Time Collected: _____ **AM / PM**
please print *circle one*

This form is only for non-regulatory samples. Please fill out a Chain-of-Custody for all regulatory samples.

Please fill in all starred (*) fields.

See the attached Sampling Instruction sheet for current prices. Prices subject to change without prior notice.