



1602 Park West Dr. • PO Box 169 • Hastings, NE 68902  
 1816 E Wyatt Earp Blvd. • PO Box 1397 • Dodge City, KS 67801  
 6921 South Bell • Amarillo, TX 79109

Sample Collected by: _____ (Signature)		Date Collected: _____ Time Collected: _____ a.m./p.m. (circle one)	
Please read the sampling collection procedures before filling out this page. Please fill out all applicable information in blue or black ink. Include this sheet with your sample.		<input type="checkbox"/> Check here to be notified that your sample does not meet the 2-6°C temp criteria. Results out of criteria will be flagged. (Required for regulatory samples.)	
Results To: _____		Client: _____	
Address: _____		Sample ID: _____ (For use when more than one sample is collected)	
Bill Also: <input type="checkbox"/>		Source of Sample: _____ (Example: kitchen faucet, faucet in room 401, etc)	
Bill to: _____		Water Type: <input type="checkbox"/> Drinking <input type="checkbox"/> *Livestock <input type="checkbox"/> Irrigation	
Address: _____		Water Supplied From: <input type="checkbox"/> Own Well <input type="checkbox"/> Cistern <input type="checkbox"/> Municipality <input type="checkbox"/> Other _____	
Contact Phone No: _____		*If Livestock, list species: _____	
Send by Fax or e-mail: _____		If needing a paper copy of the report <b>mailed</b> to a third party, please write the name and address on the back of this sheet. Add \$1.00 per report. There is no extra charge for an e-mail or fax to a third party.	
Want electronic copy only? Y [ ] N [ ]			
COLIFORM BACTERIA SAMPLES: A \$30.00 <i>extra</i> charge per sample will be incurred to process samples arriving Thursday afternoon, Friday, or the day before a holiday. Prior approval is needed. Date and time <i>must</i> 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.			
Water Test Packages (Check desired test or tests)			
<input type="checkbox"/>	Drinking Water Suitability With Coliform Bacteria. Use <b>both</b> containers. [\$30.00 <i>extra</i> charge per bacteria sample arriving Thursday afternoon, Friday, or the day before a holiday. Prior approval needed.]		
<input type="checkbox"/>	Drinking Water Suitability Without Coliform Bacteria. Use <b>larger</b> non-sterile container only.		
<input type="checkbox"/>	Irrigation Water Suitability Use <b>larger</b> non-sterile container only.		
<input type="checkbox"/>	Livestock Water Suitability Use <b>larger</b> non-sterile container only.		
<input type="checkbox"/>	13 Parameter Test Use <b>larger</b> non-sterile container only.		
Presence/Absence	Coliform Bacteria, only Use smaller <b>clear</b> sterile container only		
Bacteria # (Est)	[\$30.00 <i>extra</i> charge per bacteria sample arriving Thursday afternoon, Friday, or the day before a holiday. Prior approval needed.]		
<input type="checkbox"/>	Nitrate-Nitrogen Only Use <b>larger</b> non-sterile container only.		
<input type="checkbox"/>	Coliform Bacteria and Nitrate-Nitrogen Use <b>both</b> containers [\$30.00 <i>extra</i> charge per bacteria sample arriving Thursday afternoon, Friday, or the day before a holiday. Prior approval needed.]		
<input type="checkbox"/>	Other Packages - Contact lab for required containers and prices.		
For Lab Use Only:		Need regulatory report format. <input type="checkbox"/>	
Comments: <b>C S X CI-</b> _____		Acceptable?: Yes / No	
Container: <b>U B N S H O</b> _____		Temperature: <b>I</b> _____ °C Date/Initial: _____	
Account No: _____		Lab No: _____ Received on _____	
		Account: _____ Check No: _____	