



Servi-Tech Laboratories
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<p>Sample Collected by: _____ (Signature)</p> <p>Results To: _____ Address: _____ Bill Also: <input type="checkbox"/> _____ Bill to: _____ Address: _____ Contact Phone No: _____ Send by Fax or e-mail: _____ (Enter fax no. or e-mail address, if wanted)</p>	<p>Date Collected: _____ Time Collected: _____ a.m./p.m. (circle one)</p> <p><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.)</p> <p>Client: _____ Sample ID: _____ (For use when more than one sample is collected)</p> <p>Source of Sample: _____ (Example: kitchen faucet, faucet in room 401, etc)</p> <p>Water Type: <input type="checkbox"/> Drinking <input type="checkbox"/> *Livestock <input type="checkbox"/> Irrigation Water Supplied From: <input type="checkbox"/> Own Well <input type="checkbox"/> Cistern <input type="checkbox"/> Municipality <input type="checkbox"/> Other _____ *If Livestock, list species: _____</p> <p>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.</p>
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COLIFORM BACTERIA SAMPLES: A \$20.00 extra 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 *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.

Water Test Packages (Check desired test or tests)

<input type="checkbox"/>	Drinking Water Suitability With Coliform Bacteria. Fill both containers [\$20.00 <u>extra</u> 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. Fill non-sterile container only.
<input type="checkbox"/>	Irrigation Water Suitability Fill non-sterile container only.
<input type="checkbox"/>	Livestock Water Suitability Fill non-sterile container only.
<input type="checkbox"/>	13 Parameter Test Fill non-sterile container only.
Presence/Absence <input type="checkbox"/>	Coliform Bacteria, only Fill sterile container only
Colony Estimate <input type="checkbox"/>	[\$20.00 <u>extra</u> charge per bacteria sample arriving Thursday afternoon, Friday, or the day before a holiday. Prior approval needed.]
<input type="checkbox"/>	Nitrate-Nitrogen Only Fill non-sterile container only.
<input type="checkbox"/>	Coliform Bacteria and Nitrate-Nitrogen Fill both sterile and small non-sterile containers [\$20.00 <u>extra</u> 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 special containers and prices.

For Lab Use Only:	Need regulatory report format. <input type="checkbox"/>	
Comments: C S X Cl- _____		Acceptable?: Yes / No _____
Container: U B N S H O _____	Temperature: I _____ °C	Date/Initial: _____
Account No: _____	Lab No: _____	Received on Account: _____
		Check No: _____

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