

Water System Name		PWS ID No.
Collector	County	
Results & Invoice To:		
Name		
Address		
City	State	Zip Code
Phone Number:		
Fax Number:		

DRINKING WATER
ANALYSIS REQUEST FORM FOR COLIFORM BACTERIA
CONTAMINANT ID# 3100

Public Drinking Water System

Compliance Sample Yes No

 Private Drinking Water

Water system info must be fully filled out or samples will not be run. Private samples need not have PWS# or Chlorine residual. Your sample will be analyzed for TOTAL COLIFORMS unless you specify analysis under Remarks

Laboratory Name:

ACCURATE TESTING LABS
USEPA Lab code: ID00912



7950 Meadowlark Way
Coeur d'Alene, ID 83814

Phone: (208) 762 8378
Fax: (208) 762 9082

E-mail: info@accuratetesting.com
Web site: http://www.accuratetesting.com

Email:

* For PWS only, if this is a repeat sample, mark the date of the **ORIGINAL POSITIVE SAMPLE.**

Lab Sample Number <small>For Lab use only!</small>	Code <small>see Box below</small>	Sample Location or Identification	Date Collected	Time Collected	Chlorine Residual ppm	Original* Sample Date <small>If repeat sample</small>	TOTAL COLIFORMS <small>Method SM9223B</small> <small>For Lab use only!</small>	E. COLI <small>Method SM9223B</small> <small>For Lab use only!</small>

Remarks: _____

For Lab use only!

- Sample Type Codes**

 - RS - Routine Sample
 - W - Untreated (*source*)
 - RP - Repeat Sample (*at original tap*)
 - D - Downstream Repeat
 - X - Other Repeat
 - U - Upstream Repeat
 - E - Enforcement (*Chain of custody required*)
 - V - Invalidated By lab.
 - C -Construction/Special/Non-Compliance

ATL Bottle Other Bottle

Sample Relinquished by (Name):	Date/Time	UPS FedEx US Mail Hand
by (Name):	Date/Time	UPS FedEx US Mail Hand
Sample Received by Lab (Name):	Date/Time	