Water System Name	PWS ID No.
Collector	County
Results & Invoice To:	
Name	
Address	
City	State / Zip Code
Phone 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 information must be fully completed, 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
E-mail: info@accuratetesting.com
https://www.accuratetesting.com

Email: .....

Required for Compliance Samples

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

Order# Lab use only	**Code** see Box below	**Facility ID**	**Sample Point**	**Sample Location**	**Date** Collected	**Time** Collected	Chlorine Residual mg/L	Original* Sample Date If repeat sample

Sample Type Codes
RS - Routine Sample
W - Untreated *(source)*
RP - Repeat Sample *(at the 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

Remarks: _____

Sample Relinquished by (Name): Date/Time

by (Name): Date/Time

Sample Received by Lab (Name): Date/Time