

**NYS LAB I.D. # 10708
POTABLE WATER ANALYSIS REQUEST**

NAME: _____ DATE/TIME TAKEN: _____

MAILING ADDRESS: _____ TAKEN BY: _____

_____ PHONE: _____

SAMPLING POINT: _____

WELL SOURCE: DRILLED _____ DUG _____ SPRING _____ OTHER _____

SUPPLY TREATED?: _____ CHLORINATED _____ RESIDUAL _____ U.V. LIGHT

ANALYSIS REQUESTED (please circle)

TOTAL COLIFORM (presence/absence)	25.00	pH	5.00
TOTAL COLIFORM (MF-bacteria count)	25.00	NITRATE	16.00
TOTAL/FECAL COLIFORM	25.00	NITRITE	12.00
STANDARD PLATE COUNT	10.00	NITRATE PLUS NITRITE	22.00
OTHER: _____			

SUBCONTRACTED: _____ CUSTOMER INITIALS: _____

PAYMENT MUST ACCOMPANY SAMPLES

AMT DUE: _____ AMT PAID: _____ CASH: _____ CHECK #: _____

Samples(s) as received conforms to NELAC standards (Y / *N) * see attached sheet

CHAIN OF CUSTODY			
RELINQUISHED BY SIGNATURE:	DATE/TIME	RECEIVED BY SIGNATURE:	DATE/TIME
	AM/PM	TEMP. DEG. C	
RELINQUISHED BY SIGNATURE:	DATE/TIME	RECEIVED BY SIGNATURE:	DATE/TIME
	AM/PM	TEMP. DEG. C	

**SAMPLES MUST BE RECEIVED BY 4:00 PM
SAMPLES MUST BE RECEIVED COLD**