

Water Screening Report

Receipt # _____

Date Pd: _____

Collection Date:

Collected Water From: _____

Address Water Collected: _____

Paid by: Ck # _____

Cash _____

Card _____

Results sent on request: (Name)

(Address)

(City)

(Zip Code)

(Phone)

(Email)

(You will be contacted by either phone or email as soon as the results are available.)

Bacterial Test

Incubator Temperature _____ (C°)

Analysis	Code	Cost / Test	Maximum Contaminant Level	Results
#1 Coliform Screen	0042	\$8.00	< 1	(Negative) (Positive) E-coli and Coliform Bacteria

Chemical Test

Sample Bottle, provided by the client, labeled: _____

Check all that apply	Analysis	Code	Cost / Test	Maximum Contaminant Level	Results (grains)	Results (mg/l)
	Hardness	0012	\$2.00	< 400 mg/l		
	Nitrate as N	0008	\$2.00	< 10 mg/l		
	Iron	0010	\$2.00	< 0.3 mg/l		
	Total Alkalinity	0009	\$2.00	< 60 to 300mg/l		
	Chloride	0013	\$2.00	< 250 mg/l		
	Fluoride	0007	\$5.00	< 4 mg/l		
	pH	0014	\$2.00	6.5 to 8.5		
	Sulfate	0015	\$2.00	< 250 mg/l		
Total for the above testing.						

Analyst: _____ **Date:** _____

Perry Piper