

AQUALOGIC WATER SAMPLE COLLECTION FORM
STATE OF CT CERTIFIED PUBLIC HEALTH LABORATORY LIC. NO. PH0454

Test Parameter(s): Note: *Reference "Sample Collection Information" prior to collecting sample*

___ Total Coliform Bacteria (\$35.00) ___ Complete Test : Chemical & Bacteria (\$150.00)

___ Lead (\$35.00) ___ Fluoride (\$25.00) ___ VOC (EPA M524.2) (\$195.00)

___ Nitrate-N / Nitrite-N (\$25.00) ___ Other Specify _____ \$ _____

PLEASE COMPLETE THIS SECTION * INCOMPLETED FORMS WILL NOT BE PROCESSED

Name required on report _____

Address: _____

Address of Sample: _____

Source of Sample: _____ (ie. Kitchen, bathroom, tank, Hose Bib)

Name of person sample taken by: _____

Date & Time of Sample collection _____

Check all that apply: New Well ___ Existing Well ___ Chlorinated ___ Drilled ___ Dug ___
Filtration System ___ City Water ___ Softener ___ Other _____

Mail Report To: _____

Contact Tel: _____ OR Pick-up report: ___ OR FAX: _____

Authorized Signature _____ **Payment due upon receipt of sample**

Laboratory Hours of Operation:

"BACTERIA" SAMPLES ACCEPTED: MON. thru THURS., 8:00 AM – 5:00 PM

"COMPLETE TESTS & OTHER CHEMICAL" SAMPLES ACCEPTED: MON. & WED., 8:00 AM – 5:00 PM.

NO SAMPLES ACCEPTED ON FRIDAY

Sample containers may be picked-up Monday thru Friday, 8:00 am – 5:00 pm

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Office use only below this line

Date & Time sample(s) received _____ By: _____

Deposit rec'd: \$ _____ cash ___ check# _____ Balance due: \$ _____ Date _____ By: _____

Balance rec'd: \$ _____ cash ___ check# _____ Date _____ By: _____
=====

Sample No. _____

TCB _____ per 100 ml / E. coli _____ per 100 ml Date _____ Incubate time _____

Odor _____ Date _____ Turbidity _____ NTU Date _____ pH _____ SU Date _____

Fe _____ mg/l Date _____ Mn _____ mg/l Date _____ Na _____ mg/l Date _____

Hardness _____ mg/l Date _____ Chloride _____ mg/l Date _____ Color _____ Date _____

Sulfate _____ mg/l Date _____ Nitrate-N _____ mg/l Date _____ Nitrite-N _____ Date _____

Other _____ Date _____ Other _____ Date _____ Other _____ Date _____

Class: A B SATIS. ESS: _____ Comments: _____

Prepared By: _____ Date: _____