

SAMPLE TYPE CODE S - STATE ROUTINE SAMPLE C - CONSTRUCTION/PERSONAL P - REPEAT (at original tap) E - ENFORCEMENT (chain of custody) U - UPSTREAM REPEAT D - DOWNSTREAM REPEAT X - OTHER REPEAT W - UNTREATED V - INVALIDATED BY LAB		ANALYTICAL LABORATORIES, INC. ID00020 1804 N. 33rd Street Boise, Idaho 83703 (208)342-5515 / (800)574-5773				
SAMPLING INSTRUCTIONS AND EXPLANATIONS ON THE BACK OF THIS FORM		CLIENT CODE: _____			<input type="checkbox"/> SPC <input type="checkbox"/> EMAIL	
<input type="checkbox"/> PUBLIC WATER SUPPLY		<input type="checkbox"/> PRIVATE WATER SUPPLY			<input type="checkbox"/> RUSH <input type="checkbox"/> PDF ONLY	
NAME OF WATER SYSTEM:			COUNTY:		PWS #:	
YOUR NAME & MAILING ADDRESS:					DATE RECEIVED:	
					TIME RECEIVED:	
SEND ADDITIONAL RESULTS TO:					DATE ANALYZED:	
E-MAIL:					TIME ANALYZED:	
PHONE:			EXT:	FAX:		IF RETEST, ORIGINAL SAMPLE DATE:
COLLECTED BY:			TRANSPORTED BY:		Chilled 10°C <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
SAMPLE TYPE	COLLECTION DATE/TIME	SAMPLE LOCATION	CL Res	TOTAL COLIFORMS SM 9223	E. COLI SM 9223	HPC SM 9215
				SETUP ANALYST:	READ OUT:	
ADDITIONAL TESTS (REQUIRES SEPARATE CHEMICAL TESTING BOTTLE): <input type="checkbox"/> TC (\$19) <input type="checkbox"/> NITRATE (\$20) <input type="checkbox"/> FLUORIDE (\$20) <input type="checkbox"/> URANIUM (\$40) <input type="checkbox"/> IRON (\$15) <input type="checkbox"/> MANGANESE (\$15) <input type="checkbox"/> IRON BACTERIA (\$33) <input type="checkbox"/> H ₂ S (\$21) <input type="checkbox"/> NITRITE (\$20) <input type="checkbox"/> ARSENIC (\$22) <input type="checkbox"/> LEAD (\$22) <input type="checkbox"/> HARDNESS (\$20) <input type="checkbox"/> CALCIUM (\$15) <input type="checkbox"/> OTHER _____						
TOTAL COST OF TESTS:			AMOUNT PAID:			
RELINQUISHED BY (SIGNATURE):			RELINQUISHED BY (PRINTED):			
RECEIVED BY (SIGNATURE):			RECEIVED BY (PRINTED):			

INSTRUCTIONS AND EXPLANATIONS

SAMPLE COLLECTION:

1. Select a clean faucet. Avoid collecting from a swivel or hinged faucet as bacterial growth may occur in the cracks.
2. Remove all screens or strainers before taking the sample.
3. Allow water to run 3-5 minutes before taking the sample.
4. **Do not remove the cap from the bottle until just before taking the sample. There may be a white tablet or a small amount of moisture in the bottle. Do not remove the tablet from the bottle or rinse the bottle.** While you are filling the bottle, hold onto the cap so that neither the lip of the bottle or the inside surface of the cap touch anything, especially your fingers. **Fill the bottle to just above the 100 mL fill line leaving 1" of headspace** to allow for mixing the sample. Replace and tighten cap.
5. Coliform samples must reach the laboratory within 30 hours of taking sample.
6. Keep the sample cold but do not freeze.
7. Fill out label on bottle.

FILLING OUT FORM:

Person submitting water sample must fill in the un-shaded areas as completely as possible.

1. **Designate whether the Sample is from a Public Water System or a Private System.**
2. **Water System Name:** Name of public water system.
3. **County.**
4. **PWS ID No:** Number assigned by the Department of Environment Quality to Public Water Systems.
5. **Where the final report is to be sent.**
6. **Send Additional Copies to:** Designate where additional copies need to be sent.
7. **Date of Original Positive Sample:** Only fill this out if the sample is a repeat sample following a previous positive sample.
8. **Phone Number:** Record the phone number of the person responsible for the system or the designee.
9. **Fax Number:** Optional.
10. **E-mail:** Optional.
11. **Condition of transport:** Check appropriate box.
12. **Collector:** Full name of person collecting sample.
13. **Person transporting sample to laboratory:** Full name of person or entity transporting sample.
14. **Sample Type Code:** Select the sample type code that applies.
15. **Date Collected:** Include the day, month and year.
16. **Time Collected:** Use Military time or include a.m. or p.m.
17. **Sampling Location:** Indicate specifically where the sample was collected.
18. **Chlorine residual PPM:** If measured, record chlorine residual in mg/l, and whether free or total.

EXPLANATION OF TEST RESULTS:

1. **Total coliforms Absent:** The sample met the standards established by EPA and no total coliform bacteria were found in the sample.
2. **Total coliforms Present:** The sample contained coliform bacteria and may contain disease-causing organisms. Water should be sanitized before use.
3. **E. coli or Fecal coliforms Present:** The sample contained fecal material and is more likely to contain organisms, which cause disease. Water that contains fecal material should not be used for drinking, personal hygiene or in the preparation of food.

BACTERIA TESTING PRICES:

TOTAL COLIFORM PRESENCE / ABSENCE	: \$19.00
TOTAL COLIFORM ENUMERATION	: \$28.00
HETEROTROPHIC PLATE COUNT	: \$23.00
RUSH BACTERIA CHARGE	: \$5.00

FOR MORE INFORMATION SEE OUR WEBSITE AT WWW.ANALYTICALLABORATORIES.COM

FORM EFFECTIVE 09/2022