

Tel: (315) 792-0301
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- Cash
- Check No. _____
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- To Be Billed

REQUEST FOR BACTERIOLOGICAL TEST

Page ___ of ___

Name: _____ Phone # _____ Fax # _____

Client Address: _____

Client E-mail: _____

Sample Address (if different): _____

Sample Point: _____ Sample Date: _____ Sample Time: _____
(e.g. kitchen sink, bathroom faucet)

type of sample: Unchlorinated (No Preservative in Bottle) Chlorinated - chlorine residual _____ mg/L (Bottle contains Sodium Thiosulfate)

Send report via: Mail E-mail Fax Pick-up

Send to: _____

Required by NYS Health Dept.? Yes No PWS#: _____

Sampler's signature: _____
.....

(FOR LAB USE ONLY - TEST RESULTS RELATE ONLY TO THE SAMPLE AS IT WAS RECEIVED BY THE LABORATORY)

- o Date Received _____ Time Received _____ Initials _____
 - Receipt Temperature _____ or Chilling Initiated Y N
 - Minimum Sample Volume Requirement Met Y N
- o Date Tested _____ Time Tested _____ Initials _____
 - Dechlorination Reagent / Cl-residual Check P N
- o Date Read _____ Initials _____ Date Resulted _____ Initials _____

LABORATORY RESULTS

Total Coliform _____	CFU per 100 ml	Method _____
E. coli _____	CFU per 100 ml	Method _____
HPC _____	Count/mL	Method _____

Mohawk Valley Water Authority
Telephone (315) 792-0301 • One Kennedy Plaza • Utica, NY 13502 • FAX (315) 792-5201
Analysis performed at:
USEPA ID#: NY01505 New York State ELAP ID#: 10319 Pennsylvania DEP ID#: 68-03428
MEMBER OF:
American Water Works Association (AWWA) • Water Research Foundation • NYAAEL