



Mat-Su Test Lab, LLC



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Drinking Water Analysis Report Total Coliform Bacteria (SM9223B by Colilert)

See Reverse Side For Instructions

Client:	PWSID# (if applicable):
Mailing Address:	
	Phone#:
Results/Invoice (Please choose <u>at least one</u>):	Email:
Fax:	Hard copy (To be mailed to address listed above)

Legal Description of Property: _____

Sample Site Location: _____ Delivered by: _____
(I.E.: bathroom sink, outside hose bib)

Date Sampled: _____ Time Sampled: _____ Sampled by: _____

Circle One: Standard Test / Rush Test

Circle One: Routine Test / Repeat Test / Special Purpose

This Section to Be Completed by Lab

Analysis Results: Lab ID # _____

- Satisfactory
 Unsatisfactory
 Sample Rejected – Reason: _____

Chromogenic/Fluorogenic Method Results:

_____ Total Coliform Present (P)/Absent (A) (Yellow / No Color)
 _____ E. Coli Present (P)/Absent (A) (Fluorescence / No Fluorescence)

Incubator # _____

| Received : By: _____

| Started : By: _____

| Finished : By: _____