Environmental Analytical Laboratories
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Water Security Agency (WSA) Regulated Systems

LAB USE ONLY :

SRC Group #_____
Client Code _____
Date received_____
Storage_____

# of bottles	**1**	**1**				
Preservatives	**ST**	**---**				
Size	**100**	**Tray**				
In Subgroup #	**1**	**1**				

Turnaround Time: ☐ Regular ☐ Rush (100% surcharge) ☐ Rush – same day (200% surcharge)*
☐ Rush (200% surcharge **+ overtime charges authorized***) *Contact lab in advance to authorize

Waterworks Analysis

- ☐ Total Coliform and *E. coli*
- ☐ Fluoride
- ☐ Chemical - General
- ☐ Chemical - Health
- ☐ Pesticides
- ☐ Trihalomethanes (THMs)
- ☐ Haloacetic Acids (HAAs)
- ☐ Cyanide and Mercury
- ☐ Synthetic Organics ☐ PFOS/PFOA
- ☐ Radiological – Gross alpha and beta
- ☐ Radiological – Extended
- ☐ Bromate
- ☐ Chlorate and Chlorite
- ☐ Manganese
- ☐ Other (please specify):

Sewage Works Analysis

- ☐ Total Coliform and *E. coli*
- ☐ Group 1 Panel
- ☐ Group 2 Panel
- ☐ Group 4 Panel
- ☐ Group 4 Panel plus TDS and Conductivity
- ☐ Major Ions Scan
- ☐ Major Ions Scan plus TDS and Conductivity
- ☐ Trace Metals (plus Mercury)
- ☐ Effluent Irrigation
- ☐ Effluent Irrigation – soil
- ☐ Other (please specify):

Results of analysis to:
Community/client name: _____
Address: _____ City: _____ Postal code: _____
Contact person: _____
Phone number: _____ Email: _____

Invoice to: ☐ **same as above, or** **PO #:** _____
Community/client name: _____
Address: _____ City: _____ Postal code: _____
Contact person: _____
Phone number: _____ Email: _____

Date and Time Sample Taken: _____
Sample Description: _____
System Type: ☐ Waterworks ☐ Sewage Works
Analysis Reason (for Coliform/E.coli testing only): ☐ Routine ☐ Repeat ☐ Special ☐ Other

Client measured values:
Free Chlorine _____ pH _____
Total Chlorine _____ Temp _____
Turbidity _____

WSA Station Number/Barcode:

Relinquished by: _____ **Signature:** _____
Date/Time: _____

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