Environmental Analytical Laboratories
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Water Security Agency (WSA) Regulated Water Works

LAB USE ONLY :

SRC Group #_____
Client Code _____
Date received_____
Storage_____

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

Complete the following and include with samples

Turnaround Time: ❑ Regular ❑ Rush (100% surcharge)
❑ Rush (100% surcharge **+ overtime charges authorized***)
* Contact lab in advance to authorize

Type of Analysis:
- □ Chemical Health & Toxicity
- □ Chemical Health & Toxicity with cyanide & mercury
- □ General Chemical
- □ Total Coliform and *E. coli*
- □ Fluoride
- □ Trihalomethanes (THMs)
- □ Haloacetic Acids (HAAs)
- □ Lagoon Package (□group 1) (□ group 2) (□ group 3) (□ group 4)
- □ Other_____

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: _____

Type of Sample: ❒ Drinking Water ❒ Sewage Discharge

Reason for Analysis (required for Total Coliform/E.coli testing only):

❒ Routine ❒ Repeat ❒ Special ❒ Other

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

MOE Station Number Barcode:

Relinquished by: _____ **Signature:** _____

Date/Time: _____