



PO Box 7565
 Asheville, NC 28802
 Phone: (828) 350-9364
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North Carolina Drinking Water Certificate #: 37786

Bacteriological Analysis

Please refer to the back of this form for sampling instructions.

Samples accepted Monday through Thursday

8:00 — 11:00 AM and 1:00 — 5:00 PM

Client name: _____

Owner of water system (if different): _____

Address of water system: _____

Location where collected: _____ Collected by: _____

Date collected: _____ Time: _____ AM PM

Type of water supply: Well: Spring: Other: _____

Mail Results to: _____

Phone: _____ Fax: _____

Turn around time: 1 business day: Cost = \$60 Payment type: Cash:

5 business days: Cost = \$30 Credit card:

Check #: _____

Laboratory Results

| Contaminant | Method number | Present | Absent |
|---------------------------------|---------------|--------------------------|--------------------------|
| <i>Total Coliform</i> | SM 9223B | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>E. coli / Fecal Coliform</i> | SM 9223B | <input type="checkbox"/> | <input type="checkbox"/> |

Analysis start: Date: _____ Time: _____

Analysis complete: Date: _____ Time: _____

ETS project number: _____ ETS sample number: _____

Certified by: _____

Comments: _____
