

(Lab/Office Use)

Lab Sample ID # _____

Facility Name:

Facility Number:

	IA
--	----

Test analysis (Please Circle, Check or Write-in) (Check Permit for Accuracy)

Total Coliform Hold Time: 30 hours	Nitrate Hold Time: 48 hours	SOC Phthalate Herbicides Glyphosate Diquat	VOC	IOC Metals: As, Ba, Be, Cd, Cr, Sb, Se, Tl, Na, Hg Fluoride Cyanide	Sodium	DBP: (Choose) TTHM HAA ₅
Metal (Choose) Lead Copper	Nitrite Hold Time: 48 hours	Radiochemistry (Choose) Gross Alpha Combined Radium	Ammonia	Write-in Test	Write-in Test	Write-in Test

Sample Type:

(Check one)

	Routine	
	Triggered	Well # _____ SEP# _____
	Repeat (circle one->)	upstream downstream original
	Special Use	Reason-

Free Chlorine

		.		
--	--	---	--	--

Total Chlorine

		.		
--	--	---	--	--

Sample date: Month

Day

Year

Time: Hour

Min (AM - PM)

--	--

--	--

--	--	--	--

--	--

--	--

Facility ID

Sampling Point ID (use facility ID, if not #assigned)

Sample ID - Collection Address and Location

Sample Collector (last name, first name)

Report Mailing Address

Report Billing Address

Client Signature _____

Print name _____

Date _____

Time _____

Phone number _____

Lab Signature _____

Date _____

Time _____

QC Analytical Services participates in the following accreditation/certification and proficiency programs at the following locations.

Endorsement by Federal or State Governments or their agencies is not implied.

Drinking Water Certifications: Iowa (113) IL (1718113)