Analysis Request*

(Please fill out all information)

Client:	Date:PO#:
Person(s) designated to receive results:	
Address: Fax:	email:
Address for cooler return:	
Sample Information: (please type or print clearly)	Type of Analysis Requested: Jan '09 - Dec '09
Sample Location:	(Please initial request)
Sample ID:	
PWSID#:	
MPA1623E. coli	2. MPA (Microscopic Particulate Analysis), with Giardia and Cryptosporidium
Start: Date:Time:	
Temperature: pH:	
NTU:(required for LT2 clients)	3. Giardia and Cryptosporidium -1623 with Envirochek TM HV
Meter reading:	-Matrix Spike with Envirochek HV
Weter reading.	-Maurx Spike with Environmek HV
Stop: Date:Time:	4. E. coli Analysis (SM9223B)
Temperature: pH:	5. Photomicrography
NTU:	
Meter reading:	6. Other requests / notes
or two filters) LT2 clients please initial to approve processing of additional pellets if needed	Laboratory Arrival Information (for use by CHD only) Courier: UPS Fed Exp HD Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other Other
Gallons Sampled: (Liters)	Type: Container HV Poly. Color:
Sample exposed to chlorine? YES / NO	Date/Time: Temp: Shipping □ Cooler Return □ None □
Sample dechlorinated? YES / NO	Shipping □ Cooler Return □ None □
Sampler's Name:	-
Please fill in where applicable for this sample: This sample is a: Raw surface water Finished surface water Ground water	Type of Disinfection: Pre-chlorinationPost chloraminesPost chlorinationOzone Other:
	Type of Treatment: None
Type of Raw Water Source:	Disinfection only
Ground Water: Surface Water:	Conventional treatment
SpringLake/Reservoir	Direct filtration
	Filter to waste cycle
Horizontal well Stream/River	Diatomaceous earth
Drilled well	Slow sand
Infiltration gallery	Pressure filter
Artesian well	Membrane
Well depth: ft	Other:
•	ft Filter(s) hydraulic loading (gpm/sq.ft.)
	"Clean" filter bed put on line: YES / NO

*For samples taken following protocol established by:

CH Diagnostic & Consulting Service, Inc.

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