REVISION 9

6	CLEAN WATER LAB			6343 S NC 9 HWY Columbus, NC 28722			Ph: 828-393-4136 Lab Code: 37900			Please fill out order form completely. Review instructions carefully and call the laboratory with any questions.					
🛞 Billi	ing Informati		<u> </u>		, NC 2072	. 2	Lab				-			ent fro	om billing address)
Client Name							Phone Number(s)			Client Na			•		0 /
Company Name							1			Street Address					
Street Add	tress						-			City					
City				State		Zi	p Code			State			Zip Coc	le	
E-mail Address(es)															
EACH SAMPLE CONTAINER IS CONSIDERED A SAM							LE.		<u>Circle Indiv</u>	idual Co	ntamina	nts		<u>C</u>	hoose a Package Below
	PLE	ASE FILL C	SE FILL OUT A LINE FOR EACH			AINER.	.R.		Below for Te		<u>esting</u> Of		OR		(Discount Pricing)
Sample ID		D	Sample ⁻	Гуре Т	ime of	D	Date of		Health		Aesthetic				
container			(Well/Surface	••		on Collection		Contaminants		Contaminants		its		Packages	
Samp. 1									Bacteria	(P/A)*				Safe	ty Check: Bacteria, Nitrate,
Samp. 2								Bacteria ((MDNI)** Hard		dness		1	Nitrite, Copper, Lead, pH	
Samp. 3									Dacteria (IVIE IN)				Paci	CC. Doctorio Nitroto Iron all
Samp. 4								Lead	d	Iron			Dasi	CS : Bacteria, Nitrate, Iron, pH	
Samp. 5	ıp. 5								Copper		Manganese		se	Total Package: All analytes we	
Samp. 6	Samp. 6								Nitrates						offer (listed to the left)
Samp. 7									NILIA	les	k	ЭΗ			
Samp. 8									Nitrit	es					
*You must have the correct vials to order testing. **Bacteria tests for Escherichia coli and total coliform bacteria. Counts are produced in Most Probable Number (MPN)															
A								· · · · · · · · · · · · · · · · · · ·			1				
 Sample Collector Information Sample Collector's Printed Name Sample Collector's Signature 							Please Complete all Highlighte			Collector's Company Name				PI	hone Number
Jampie			c Jamp					Date		concetor	3 compe		inc		
🏽 Cha	in of Custod	y: Sample S	ubmission												
Date Sub	omitted	Time Sub	Time Submitted			<mark>Client Pr</mark>	t Printed Name		Client Si		gnature			Receiving Signature	
			а	m p	om										
LAB USE ONLY BELOW Date Received in Lab Time Received Lab Signature Comments															
Date Received in Lab		Time kee				Lab Signature				Comments					
Invoice #	ŧ	Payment	am pm Payment Method			Lab ID Number				1					
		l'ayment	ר מאוויבווג ואופנווטט												