



Q. C. Metallurgical laboratory Inc.
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 Phone (563)386-7827 Fax (563)386-6780
 IOWA LAB. #084 ILLINOIS REGISTRY #171984
 Laboratory Method : SM 9223B

| | |
|-----------------|--------------------------|
| Office Use Only | |
| Bill | <input type="checkbox"/> |
| Paid | <input type="checkbox"/> |

IOWA AND ILLINOIS PUBLIC WATER SUPPLY, BACTERIA AND E.COLI REPORTING FORM

Public Water Supply Name: _____

IOWA PWS I.D. Number: _____

IOWA Facility ID: 950 01 02
Circle One

IL. Facility I.D.: _____

IL. County: _____

Sample Collector: _____

Bill To: _____

Address: _____

Phone: _____

Fax or Email: _____

SAMPLE TYPE: **R**- Routine, **S**- Special, **RP**- Repeat, **D**- Distribution, **OR**- Original,
TR- Trigger, **US**- Upstream, **DS**- Downstream, **OT**- Other

Original sample # for repeat samples: _____

Analytical Method SM 9223B-PA

| Bottle Number | Sampling Point | Sample Type | Date Collected | Time Collected | Chlorine mg/L | | Total Coliform ID 3100 | E. Coli ID 3014 | Results |
|---------------|----------------|-------------|----------------|----------------|---------------|-------|------------------------|-----------------|---------|
| | | | | | Free | Total | | | |
| | | | | | | | | | |
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RESULTS: **P**- Bacteria Present **A**- Bacteria Absent **S**- Results are Satisfactory **U**- Results are Unsatisfactory

LABORATORY USE ONLY

Date received: _____ Time: _____ Initials: _____

Start Date: _____ Time: _____

Date Analyzed: _____ Time: _____

Analyst: _____