



**Q. C. Metallurgical laboratory Inc.**  
**17048 215<sup>th</sup> St. Davenport, IA. 52806**  
**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			

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: \_\_\_\_\_