



Q. C. Metallurgical laboratory Inc.
 17048- 215th 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"/>

Bottle Number: _____

Owners Name/Address: _____

Date Sample Collected: _____ Time: _____

Sampling Point: _____

Sample Collector: _____

Bill To: _____

Full Address: _____

Phone: _____ Fax or Email: _____

Residual Chlorine (if tested): _____ Total or Free (circle one)

Test For: Total Coliform Coliform Count (additional charge) Nitrate

Home sales require both bacteria and Nitrate analysis

LABORATORY USE ONLY

Sample Received Date: _____ Time: _____ Initials: _____

RESULTS:

Total Coliform: _____ *(Analytical Method SM 9223B-PA)*

Coliform Count: _____ MPN *(Analytical Method SM 9223B-QT)*

(Most Probable Number)

E. Coli: _____

Nitrate: _____ mg/L N *(Acceptable Limits for Nitrate, 10 mg/L N or less)*

Start Date: _____ Start Time: _____

Date Analyzed: _____ Time Analyzed: _____

Analyst: _____

Interpretation of <u>Bacteria</u> Results	
Satisfactory	<input type="checkbox"/>
Unsatisfactory	<input type="checkbox"/>
Invalid	<input type="checkbox"/>

Interpretation of <u>Nitrate</u> Results	
Satisfactory	<input type="checkbox"/>
Unsatisfactory	<input type="checkbox"/>
Invalid	<input type="checkbox"/>