

# POLLUTION CONTROL SERVICES

Laboratory Number

## Bacteriological Analysis Request Form

Client Name: \_\_\_\_\_

Project Name/Number: \_\_\_\_\_

Sample Type: Water: Surface \_\_\_ Well \_\_\_

Wastewater: Mun \_\_\_ Ind \_\_\_ Sludge \_\_\_ Soil \_\_\_ Other \_\_\_

Point of Collection: \_\_\_\_\_ Chlorinated? Yes No

Collected by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Send Report to:  Address on File or

\_\_\_\_\_  
(Name / Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

TX

State

\_\_\_\_\_  
Zip)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Fax Number if you want it  
faxed before it is mailed.)

\_\_\_ Millipore Filter-Fecal Coliform  
\_\_\_ Millipore Filter-Fecal Streptococci  
\_\_\_ Total Coliform – Present/Absent

### **PCS Use Only**

Client Notification if Sample Failed

Person Contacted: \_\_\_\_\_

Date / Time Notified: \_\_\_\_\_

Comment(s)

Relinquished by: \_\_\_\_\_

Date and Time Received

Received by: \_\_\_\_\_

\_\_\_\_\_