

Statesville Analytical, Inc.

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Heterotrophic Plate Count -HPC Analysis

Client Name: _____

Location where taken: _____

Sampling time: ____: ____M Sampling date: ____/____/____

Person collecting sample: _____

Mail results to: _____

Phone: _____ Fax: _____

Email: _____

Laboratory ID# 37755

Contaminant	Method Code	Results --CFU
Heterotrophic P. C.	SM9215B	

	Date:	Time:
Analyses Begun	___/___/___	___:___M
Analyses Completed	___/___/___	___:___M

Lab Log #: _____ Cert. by: _____

Comments: _____
