



Statesville Analytical, Inc.
 122 Court Street; PO Box 228; Statesville, NC 28687
 Phone (704) 872-4697, www.sa-nc.com

Client Name:(usually buyer) _____

Address (where sample taken) _____

Location of Sample Taken _____ (kitchen, bath, outside, etc.)

Sampling Time _____ : _____ M **Sampling Date** ____ / ____ / ____

Person collecting sample _____

Parameters requested for analysis: *Please check tests needed:*

Total Coliform Bacteria Lead Nitrate Nitrite

Other _____

Mail Results to:

Phone: _____ **Email:** _____

LABORATORY ID #37755

CONTAMINANT	METHOD CODE	RESULTS		INVALID CODE
		PRESENT ^{1,2}	ABSENT	
Total Coliform	9223B			
Fecal/E. coli	9223B			

	DATE:	TIME:
ANALYSES BEGUN:	____ / ____ / ____ <small>(MM/DD/YY)</small>	____ : ____ , M <small>(Specify AM or PM)</small>
ANALYSES COMPLETED:	____ / ____ / ____ <small>(MM/DD/YY)</small>	____ : ____ , M <small>(Specify AM or PM)</small>

Laboratory Log #: _____ **Certified By:** _____

Comments: _____

