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Request for Bacteriological Analysis of Natural / Effluent Water

## **Public Health Laboratory**

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Customer:			Date Sampled:				
Contact Det	ails (new customers o	Date Received: Time Received: Purchase Order: Sampling Officer:					
Address:							
Email:							
<b>Tel:</b> Fax:			Signature:				
Reason for Analysis:  Suitability for drinking Suitability for domestic use		Beach Survey	Environmental Survey Beach Survey New Supply Source		Effluent Monitoring Effluent/Sewage Spill Complaint (give details)		
Suitabilit	y for domestic use	rivew supply s	oource	Co	impiaint (give o	ietalis)	
Source of Sample:  Wetlands Beach / Marine Aquaculture Tanks		River / Creek Dam / Reserv	Bore / Well / Spring River / Creek Dam / Reservoir Roof / Tank (rainwater)		Sewage/Effluent Leachate Stormwater Recycled/Treated		
Weather Co Dry Light Rai Heavy R	in	Hot Mild Cold		Flow Code (use below)  I Heavy Light Nil/Stagnant			
Sample Name		Time	Sample ID	Flow	рН	Temp.	
•							
Salmonel	equested Testing  Salmonella spp.  * Listeria spp.  Coliforms Thermotolera E. coli		ant Coliforms	* Test is not NATA-accredited  Enterococci Heterotrophic Colony Count  * Marine Colony Count			

**Comments:** 

 Laboratory Use Only

 Temperature on Receipt: \_\_\_\_\_°C
 Job Number: \_\_\_\_\_
 Registered by: \_\_\_\_\_