

# Total Coliform & E. Coli (Presence / Absence)

ATL Form V-0064 R00

Client Identification & Sample Collection Information (Please type or use block print)  
Note that an email address is required for reporting.

# Aqua-Tech Laboratories, Inc.

AUSTIN

BRYAN

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Bryan, TX 77807  
979.778.3707



COC#

TCEQ Lab ID: T

T104704371

Test Results must meet all accreditation / certification requirements unless stated otherwise.

### SHADED AREA FOR LABORATORY USE ONLY

Report Results To:	PROJECT			
	Name (Company)			
	Address			
	City	State	Zip Code	
	Phone	Other Contact		
Email				

Sample Iced?		Relinquished by (Sampler)	Date / Time
Yes	No	Print/Sign	
Temperature °C		Received by (Courier, if applicable)	Date / Time
read	Corrected	Print/Sign	
Thermometer		Relinquished by (Courier)	Date / Time
Container ID(s)		Print/Sign	
		Received in Lab	Date / Time
		Print/Sign	

Circle One	Tunaround Time Requested		Sample Acceptance	
	<b>Routine</b> Typically 3-5 business days	<b>Expedited</b> Extra charges will apply	Monday - Thursday 8 am to 3 pm	Samples will not be accepted after 3 pm (Mon-Thu) or on Fridays, weekends, or holidays.

Notes	
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Pre-Pay Info	CC	Swiped	Keyed	CHECK #	CASH	Amount \$
		Last 4	Auth Code			

Sample Identification / Location	Collected			
Include any addresses, faucets, or other information you would like as part of the report.  FILL CONTAINER TO BETWEEN THE 100-mL & 120-mL LINES. DO NOT RINSE OUT THE PRESERVATIVE POWDER.	Date			Time
	Month (MM)	Day (DD)	Year (YY)	Please circle AM or PM

Laboratory notes or comments	Lab Results						Lab Sample ID Number	
	SM9223 B 2004						Work Order	
	Test Method: 18		24					
	Chlorine √		Total Coliform		E. Coli		Sample & Container	Analysis set-up order
Absent	Present	Absent	Present	Absent	Present			

					AM								
					PM								
					AM								
					PM								
					AM								
					PM								
					AM								
					PM								
					AM								
					PM								