

**INSTRUCTIONS ON REVERSE SIDE**



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Public Drinking Water System  
 Private Drinking Water

**PAYMENT METHOD**  
*Private samples must include \$20.00 payment*

No Charge  
 Bill  
 Prepaid  
 Payment Received with Sample    Receipt #: \_\_\_\_\_

Water System Name		PWS ID No.
Collector	Date Collected	County
Person Transporting Sample to Lab		
Condition of Transport	Cooled	<input type="checkbox"/> Carrier <input type="checkbox"/>
	Mail	<input type="checkbox"/> Other <input type="checkbox"/>
<b>REPORT RESULTS TO:</b>		
Name		
Address		
City	State	Zip Code
Phone Number	Fax Number	

--Shaded areas must be completed or sample will not be accepted.  
 --Private samples do not require PWS# or chlorine residual.  
 --Non-shaded areas are for Lab use only  
 --Samples will be analyzed for **TOTAL COLIFORM** unless specified otherwise under "Remarks".  
 --Public Systems: ORIGINAL POSITIVE SAMPLE DATE must be recorded for repeat samples.

**R E S U L T S**

Sample Number	Sample Type Code	Sample Location	Time Collected	Chlorine Residual PPM	Original Sample Date	TOTAL COLIFORM			ESCHERICHIA COLI
						Method Code	(P)resent (A)bsent #100ML	(P)resent (A)bsent #100ML	
						SM 9223B CT CT18 CS			
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**Sample Type Codes:** S - Routine Sample    U - Upstream Repeat    E - Enforcement    W - Untreated (source)  
 P - Repeat Sample    D - Downstream Repeat    X - Other Repeat    C - Construction/Special

**Chain-of-Custody Information**

Relinquished by:	Date:	Time:	Received by:	Date:	Time:	Relinquished by:	Date:	Time:
Relinquished by:	Date:	Time:	Received by:	Date:	Time:	Relinquished by:	Date:	Time:

Received Date/Time \_\_\_\_\_  
 Analysis Start Date/Time \_\_\_\_\_ Initials \_\_\_\_\_ Reviewed by: \_\_\_\_\_  
 Analysis Complete Date/Time \_\_\_\_\_ Initials \_\_\_\_\_

**REMARKS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_