8/31/2016

Meritech, Inc.

Laboratory Certification No. 165



Phone: 336-342-4748 Fax: 336-342-1522

NON-REGULATORY (Residential) BACTERIOLOGICAL ANALYSIS

***PLEASE READ INSTRUCTIONS ON BACK OF FORM *** Laboratory ID #: 37740 Meritech Work Order #: _____ **CLIENT INFORMATION** Client: Telephone #: Fax #: _____ Address: _____ Email: Would you like us to Fax or Email you the results? State: City: ☐ Fax ☐ Email **BILLING INFORMATION** P.O. #: Bill To: Project: Paid Upon Receipt: Address: Check State: City: ____ — Cash SAMPLE INFORMATION Sample Location: / _____/ ___ Sample Collection Time: ____: ____: ____ Sample Collection Date: m (HH:MM) (Month / Day / Year) (am or pm) Collected By (Signature): Yes Are you on a City Water System? If so, list the name of the City Water System: FOR LABORATORY USE ONLY Analysis Requested By Client: Bacteriological Septic Mitrate Mirite Lead Other (Please List): (Check ALL that apply) ∐ No Purchase Order#: Analysis Subcontracted?: Yes Sample Collection Method: Delivered to Lab On-Site Sample RUSH Sample? Yes No Date Client Requests Results: LABORATORY ANALYSIS INFORMATION Sample Method Used: 312 / 316

Total Coliform Bacteria Present? Yes No E. Coli Present? Yes No

Date Analysis Begun: ____/ ____/ _____

Date Analysis Completed: ____/ ____/

Time: _____: ___ am/ pm (circle one)

Time: _____: ___ am/ pm (circle one)