

POLLUTION CONTROL SERVICES

Laboratory Number

Bacteriological Analysis Request Form

Client Name: _____

Project Name/Number: _____

Sample Type: Water: Surface ___ Well ___

Wastewater: Mun ___ Ind ___ Sludge ___ Soil ___ Other ___

Point of Collection: _____ Chlorinated? Yes No

Collected by: _____ Date: _____ Time: _____

Send Report to: Address on File or

(Name / Company)

(Address)

(City)

TX

State

Zip)

(Telephone Number)

(Fax Number if you want it
faxed before it is mailed.)

- ___ Millipore Filter-Fecal Coliform
- ___ Millipore Filter-Fecal Streptococci

- ___ Total Coliform – Present/Absent

PCS Use Only

Client Notification if Sample Failed

Person Contacted: _____

Date / Time Notified: _____

Comment(s)

Relinquished by: _____

Date and Time Received

Received by: _____
