



315 New York Rd.
Plattsburgh, NY 12903
Ph 518-563-1720

DUE:

Plattsburgh Walk-in Clier Project: PWS

Bill to:
Plattsburgh Walk-in Client

Report to:
Client Name: _____
Contact Person: _____
Email: _____
Phone: _____

201000 
COLIFORM PWS 
NYCOLI

Sampler: _____

Endyne Inc. COC Prepared: 4/3/23 Page 1 of 1

Site ID/ Tap: _____ Sampled Date/Time: ____/____/____@_____

Grab _____ Matrix: DW _____ Cl2 Res. per site _____
Coliform and Ecoli Package 1 - 150ml Sterile Plastic <10C, Na2S2O3 If Cl2

Facility Name: _____

Physical Address: _____

Health Department: Clinton County / Saranac Lake / Glens Falls / Other: _____

If other, please list the email address for reporting: _____

PWS Number: _____

Relinquished by: _____ Date Time _____ Accepted by: _____ Date Time _____

Relinquished by: _____ Date Time _____ Received by: _____ Date Time _____
Sites/Parameters correct as listed. Client Initials yes _____ Date Time _____

Client Authorization to use Subcontract lab Client Initials N/A

Compliance Monitoring: (Y)N Repeat Check Sample

Sample origin: VT NH NY Other

Delv: _____ Log By: _____
Temp C / on ice
Seal Intact:
Containers: Lab use

Special reporting instructions: (PO#) _____

Requested Turnaround Time: Routine/ Rush/ Due Date _____

Payment: \$ 25.00 Pd Cash / CK / CC mc visa # _____