

**Plattsburgh Walk-in**      Project: **Total Coliform Test**

Report to:  
Name: \_\_\_\_\_

201000 

COLIFORM 

Email Address: \_\_\_\_\_

NTCEC

Phone #: \_\_\_\_\_

Name of Sampler: \_\_\_\_\_

Sampled Date/Time: \_\_\_\_/\_\_\_\_/\_\_\_\_@\_\_\_\_\_

Grab                      Matrix: DW

Coliform and Ecoli Package

1 - 150ml Sterile Plastic

<10C, Na2S2O3 If Cl2

Sampling Address (911 Address): \_\_\_\_\_

Tap that the sample was collected from:  Kitchen  Bathroom  Other: \_\_\_\_\_

Water Source:  Drilled Well  Dug Well  Spring  Surface Water

Have you chlorinated the water (shocked) in the last 2 weeks? Yes No

If so, has it been at least 3 days since the chlorine was flushed out? Yes No

Describe any treatments systems before the sampling tap:  softener  filters  RO  Other: \_\_\_\_\_

\*\*\* **Read Detailed Sampling Instructions Prior to Sampling** \*\*\*

How did you hear about Endyne?  Website  Facebook  Water Operator  Another Business  Other  
Note: \_\_\_\_\_

Relinquished by: \_\_\_\_\_  
Date Time

Received by: \_\_\_\_\_  
Date Time

Sample origin: VT  NH  NY  Other

Turnaround Time : Routine / Rush (Additional \$25)

Temp C / on ice  
Seal Intact: N/A  
# Containers: 1  
Lab use

Payment: \$30.00 Pd      Cash / CK / CC      # \_\_\_\_\_