



# Servi-Tech Laboratories

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<b>Sample Collected by:</b> _____ _____ (Signature)	<b>Date Collected:</b> _____	<b>Time Collected:</b> _____	<b>A.M.</b> <b>P.M.</b> (circle one)
<b>Results To:</b> _____ <b>Address:</b> _____ Bill Also: <input type="checkbox"/> _____ <b>Bill to:</b> _____ <b>Address:</b> _____ <b>Contact Phone No:</b> _____		<b>Client:</b> _____ <b>Sample ID:</b> _____ (For use when more than one sample is collected)	
<b>Send by Fax or e-mail:</b> _____ (Enter fax no. or e-mail address, if wanted)		<b>Source of Sample:</b> _____ (Example: kitchen faucet, faucet in room 401, etc)	
		<b>Water Type:</b> <input type="checkbox"/> Drinking <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <b>Water Supplied From:</b> <input type="checkbox"/> Own Well <input type="checkbox"/> Cistern <input type="checkbox"/> Municipality <input type="checkbox"/> Other _____	
		If needing a copy of the report mailed to a third party, please write the name and address on the back of this sheet. Add \$1.00 per report.	

**\*COLIFORM SAMPLES: PRIOR APPROVAL NEEDED FOR SAMPLES ARRIVING ON FRIDAY.** Date and time *must* be entered for coliform bacteria samples. According to regulations, coliform bacteria analysis must be started within 30 hours of collection. (In Kansas, coliform samples from private wells may be accepted up to 48 hours, but the sample must be flagged past the holding time.) If mailing, please collect sample as close to shipping time as possible to avoid exceeding the 30 hour coliform limit. **Coliform bacteria sample received after 3 pm on Thursday or any time on Friday will have a minimum surcharge of \$20.00 per sample\*.**

## Water Test Packages (Check desired test or tests)

<b>Drinking Water Suitability</b>	With Coliform <i>*Prior approval needed for samples arriving Thursday p.m. or Friday*</i> Fill both containers <b>*\$20.00 minimum surcharge for Thursday p.m. or Friday samples*.</b>	<input type="checkbox"/>
	Without Coliform Fill non-sterile container only.	<input type="checkbox"/>
<b>Irrigation Water Suitability</b>	Fill non-sterile container only.	<input type="checkbox"/>
<b>Livestock Water Suitability</b>	Fill non-sterile container only.	<input type="checkbox"/>
<b>13 Parameter Test</b>	Fill non-sterile container only.	<input type="checkbox"/>
<b>Coliform Bacteria, only</b>	<i>*Prior approval needed for samples arriving Thursday p.m. or Friday*.</i> (Presence/Absence)	<input type="checkbox"/>
Fill sterile container only	<b>*\$20.00 minimum surcharge for Thursday p.m. or Friday samples*.</b> (Colony Count)	<input type="checkbox"/>
<b>Nitrate-Nitrogen Only</b>	Fill non-sterile container only.	<input type="checkbox"/>
<b>Coliform Bacteria and Nitrate-Nitrogen</b>	<i>*Prior approval needed for samples arriving Thursday p.m. or Friday*.</i>	<input type="checkbox"/>
Fill both sterile and small non-sterile containers	<b>*\$20.00 minimum surcharge for Thursday p.m. or Friday Samples*.</b>	<input type="checkbox"/>
<b>Other Packages</b>	Contact lab for special containers and prices.	<input type="checkbox"/>
<input type="checkbox"/> Need regulatory report format.		<b>Total:</b>

<b>For Lab Use Only:</b>			
Comments: <b>C S X</b>		Acceptable?: Yes / No	
Container: <b>U B N S H O</b>	Temperature: <b>I</b> _____ °C	Date/Initial: _____	
Account No: _____	Lab No: _____	Received on Account: _____	Check No: _____

Contact the lab or visit our website for current prices. Prices subject to change without prior notice.

There are limited analyses available at the Amarillo Laboratory

-- Call for availability.