

MVWA WATER QUALITY LABORATORY

Tel: (315) 792-0301
Fax: (315) 792-5201



- Cash
- Check No. _____
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- To Be Billed

REQUEST FOR BACTERIOLOGICAL TEST

Page ___ of ___

Name: _____ Phone # _____ Fax # _____

Client Address: _____

Client E-mail: _____

Sample Address (if different): _____

Sample Point: _____ Sample Date: _____ Sample Time: _____
(e.g. kitchen sink, basement faucet)

Type of sample Unchlorinated (No Preservative in Bottle) Chlorinated – chlorine residual _____ mg/L (Bottle Contains Sodium Thiosulfate)

Send report via (Select One): Mail E-mail Fax Pick-up

To: _____

Required by NYS Health Dept.? Yes No PWS#: _____

Applicant's signature: _____

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(FOR LAB USE ONLY - TEST RESULTS RELATE ONLY TO THE SAMPLE AS IT WAS RECEIVED BY THE LABORATORY)

- o Date Received _____ Time Received _____ Initials _____
 - Receipt Temperature _____ or Chilling Initiated Y N
 - Minimum Sample Volume Requirement Met Y N
- o Date Tested _____ Time Tested _____ Initials _____
 - Dechlorination Reagent / Cl-residual Check P N
- o Date Read _____ Initials _____ Date Resulted _____ Initials _____

LABORATORY RESULTS

Total Coliform _____ CFU per 100 ml Method: SM9223B

E. coli _____ CFU per 100 ml Method: SM9223B

HPC _____ Count/mL Method: SM9215B

*Please refer to <https://www.mvwa.us/WaterQuality/TestExplainBacteriological.aspx> for explanations of test results.

Mohawk Valley Water Authority

Telephone (315) 792-0301 • One Kennedy Plaza • Utica, NY 13502 • Fax (315) 792-5201

Analysis performed at:

USEPA ID#: NY01505

New York State ELAP ID#: 10319

Pennsylvania DEP ID#: 68-03428

MEMBER OF:

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