OFFICE USE ONLY **DATE/TIME OF ANALYSIS**

CITY OF BLOOMINGTON UTILITIES TESTING/REPORT FORM

Dillman Road Quality Control Laboratory Microbiological Certification ID # M-53-1 100 West Dillman Road Bloomington, IN 47403-9407 Ph: number: (812) 824-4900 fax number: (812) 824-2894

COLLECTOR	SAMPLE DATE / TIME COLLETED					
SAMPLE ADDRESS						
COMPLETE BILLING ADDRESS AND CONTACT INF	70:					
CBU CUSTOMER ACCOUNT NUMBER:	Sample Type:					
NAME						
ADDRESS		l ww				
CITY, STATE, ZIP		BEACH				
PHONE #						
FAX #						

E-MAIL ADDRESS

(Please print clearly) *ALL TEST RESULTS WILL ONLY BE EMAILED, FAXED OR CAN BE PICKED UP.*

INORGANICS:		RESULTS (mg/L)	BACTERIOLOGIC	AL TESTS:	RESULTS (mg/L)	
ALKALINITY AMMONIA B.O.D. CHLORIDE C.O.D.			TOTAL COLIFORM <i>E-COLI</i> H.PLATE COUNT	\$45.00 []]]	
FLUORIDE HARDNESS NITRATE as N pH T. PHOSPHORUS SULFATES SUSPENDED SOLIDS TOTAL DISSOLVED S. TOTAL SOLIDS VOLATILE SOLIDS	\$19.00 [] \$16.00 [] \$17.70 [] \$10.00 [] \$25.00 [] \$13.70 [] \$13.70 [] \$13.70 [] \$13.70 [] \$13.70 []		METALS: CADMIUM COPPER IRON LEAD MANGANESE NICKEL SILVER ZINC	\$34.77 [\$34.77 [\$34.77 [\$34.77 [\$34.77 [\$34.77 [\$34.77 [\$34.77 []]]]]]]]]]]	
			TOTAL COST: \$			
COMMENTS						
Micro. Analyst		Metals Analyst	Ino	rganics Analyst		
Date completed:				_		
hereby disclaim any liability affected by many factors, inc necessarily reflect the chem have the test results obtained	which may arise cluding the meth ical or bacterial o d from the City o	ice Board do not warrant the a as a result of the accuracy or od of collection of the sample t consistency of the area surrou of Bloomington verified by an ir CBU for such services in acco	precision of any tests perform tested and the method of tes nding the point from which a ndependent testing laboratory	ned or results obta ting. Analysis of a sample was obtain /. I hereby conract	ined. Test results may be n individual sample does not ed. You are encouraged to	

SIGNATURE:_____