

PDC Laboratories.

2231 West Altorfer Drive

Peoria, IL 61615

Phone: 800-752-6651 Fax: 309-692-9689

Email: jrada@pdclab.com

Laboratory Certification Number: 17553

Date and Time in Lab: ___/___/___ - ___:___

Date and Time Analyzed: ___/___/___ - ___:___

1. Public Water Supply Name: _____ 2. Facility Number: _____ 3. Email: _____ 4. Surface Supply: <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Mail Report to: Name _____ Address _____ City _____ State _____ Zip _____ 6. Contact person for unsatisfactory routine samples: Name: _____ Office (_____) _____ - _____ Cell (_____) _____ - _____ Please call PDC (309) 683-1765 for new construction results	7. Date Collected: _____ 8. Sample Collector: _____ 9. Sample Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Boil Order <input type="checkbox"/> Replacement (too old, broken, etc.) <input type="checkbox"/> New Construction # _____ <input type="checkbox"/> Repair or Tower <input type="checkbox"/> Other <input type="checkbox"/> Repeat (failed sample) <input type="checkbox"/> Invalid Sample Replacement <input type="checkbox"/> Original Sample # _____ <input type="checkbox"/> Original Sample # _____ <input type="checkbox"/> Original Sample # _____ <input type="checkbox"/> Original Sample # _____
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10. Bacteriological Samples				*Lab Use Only					
Bottle #	Sample Type R/D/F	Time Collected	Free Total Residual Chlorine (circle)	*11. Colonies Read	*12. Total Coliform	*13. Fecal Coliform	*14. E. Coli	*15. Opinion	*16. Laboratory Sample No.

Method: Membrane Filter Colilert Q Trav
 Reported by: _____
 Date: ___/___/___

Complete report must be retained for a minimum of 5 years

DPWS Notification for Unsatisfactory Results
 Person Notified: _____
 Date: ___/___/___

Comments:

No. of Bottles Sent: _____
 Date Bottles Sent: ___/___/___

**SAMPLES MUST REACH LAB WITHIN 24 HOURS
 AFTER COLLECTION (and be set within 30 hours)**

- Reason for Replacement:
- Samples more than 30 hours old
 - No Date/Time of Collection
 - Laboratory Accident
 - Other

**Relinquished By: _____ Date & Time ___/___/___ - ___:___ am/pm

Relinquished By: _____ Date & Time ___/___/___ - ___:___ am/pm

****WHEN SHIPPED OR PICKED UP - PLEASE SIGN, DATE & TIME.**