

Anatek Labs, Inc.

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Turn Around Time Email: _____
 Normal Phone Results needed by:
 Next Day* ***Rush Charges** Mail / /
 Apply Fax Fax Number _____
 2-Day*

Please fill out completely and legibly

Date Collected / /	Time Collected : : AM PM	County
Sample Purpose		
<input type="checkbox"/> Purchase/Sale/Bldg Permit <input type="checkbox"/> Informative <input type="checkbox"/> New Well		
Sample Type		
<input type="checkbox"/> Standard Drinking Water <input type="checkbox"/> Raw Source Water <input type="checkbox"/> Other (Specify) _____		
Owner or Manager Name		
Specific Location Where Sample Was Collected (i.e., address of well)		
Send Report to:		
Name		
Address		
City	St	Zip
Day Tel #	Eve/Msg Tel #	
Sample Collected by:	Company:	
Source Type (Check One)		
<input type="checkbox"/> Well/Well Field	<input type="checkbox"/> Purchased or Intertie	
<input type="checkbox"/> Spring	<input type="checkbox"/> Grd. Water under Surface Influence	
<input type="checkbox"/> Surface Water	<input type="checkbox"/> Combination or Other _____	

Inorganic Chemical Analysis Report

✓	Tests	MCL*	Results	Units	Compliance Y / N	Initials
	Arsenic (As)	0.05		mg/L		
	Barium (Ba)	2		mg/L		
	Beryllium (Be)	0.004		mg/L		
	Cadmium (Cd)	0.005		mg/L		
	Chromium (Cr)	0.1		mg/L		
	Copper (Cu)	1.3		mg/L		
	Lead (Pb)	0.015		mg/L		
	Manganese (Mn)	0.05		mg/L		
	Mercury (Hg)	0.002		mg/L		
	Nickel (Ni)	0.1		mg/L		
	Selenium (Se)	0.05		mg/L		
	Silver (Ag)	0.05		mg/L		
	Sodium (Na)	-		mg/L		
	Zinc (Zn)	5		mg/L		
	Chloride (Cl)	250		mg/L		
	Fluoride (F)	4		mg/L		
	Nitrate as N	10		mg/L		
	Nitrite as N	0.5		mg/L		
	Sulfate (SO ₄)	250		mg/L		
	Hardness	-		mg/L as CaCO ₃		
	Conductivity	700		µmhos/cm 25°C		
	Corrosivity	-		-		
	Turbidity	1		NTU		
	Color	15		Color Units		
	pH	-		-		
	TDS	500		mg/L		
	TSS	-		mg/L		
	Cyanide (CN)	0.2		mg/L		
	Iron (Fe)	0.3		mg/L		
	Uranium	0.03		mg/L		
	Magnesium	-		mg/L		
	Calcium	-		mg/L		

MCL-Max. Contaminant Level TSS-Total Suspended Solids TDS-Total Dissolved Solids

COLIFORM BACTERIA (Lab Use Only)

<input type="checkbox"/> SATISFACTORY (COLIFORM ABSENT)			
REPEAT	<input type="checkbox"/> Unsatisfactory (Coliform Present)		
SAMPLES	<input type="checkbox"/> Total Present	<input type="checkbox"/> Total Absent	
REQUIRED	<input type="checkbox"/> E.Coli Present	<input type="checkbox"/> E.Coli Absent	
Other Lab Results			
Total Coliform	/100ml	E.Coli	/100ml
Fecal Coliform	/100ml	Plate Count	/100ml
<input type="checkbox"/> Another Sample Required			
Sample not Tested because:		Test Unsuitable Because:	
<input type="checkbox"/> Sample Too Old	<input type="checkbox"/> TNTC		
<input type="checkbox"/> Wrong Container	<input type="checkbox"/> Turbid Culture		
<input type="checkbox"/> Other _____	<input type="checkbox"/> Excess Debris		
Report Date	Lab Analyst		
Date Received	Time	By	

OTHER ANALYSES REQUESTED

Inorganic Contaminants (IOC's)	
Volatile Organics (VOC's)	
Semivolatile Organics (SOC's)	
Private Well Test	

Laboratory Comments	Anatek Log-in #
Lab Supervisor	
Report Date	