



## WATER TESTING APPLICATION FORM

APPLICANT : _____ Address : _____ Telephone No.: _____ Facsimile No.: _____ Contact Person: _____	<b>LABTEST OFFICIAL USE ONLY</b>  JOB NO.: _____  DEPOSIT: _____ OR# _____  REPORT DUE: _____																																												
For the Account of (if others than specified above): _____																																													
SAMPLE DESCRIPTION _____ _____ _____ Time of Sampling _____ Date of Sampling _____ Place of Sampling _____	No. of Sample(s) _____ _____ _____ Quantity Per Container _____ _____ _____																																												
Sampling Point: <input type="checkbox"/> Pump <input type="checkbox"/> Flowing Pipe <input type="checkbox"/> House Faucet <input type="checkbox"/> Tank <input type="checkbox"/> Fountain																																													
Source of Water Supply: <input type="checkbox"/> Deepwell <input type="checkbox"/> Shallow Well <input type="checkbox"/> NAWASA <input type="checkbox"/> Lake River <input type="checkbox"/> Spring																																													
Type of Ownership: <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Local Waterworks																																													
Type of Well: <input type="checkbox"/> Drilled <input type="checkbox"/> Sanitary <input type="checkbox"/> Dug																																													
Well Usage: <input type="checkbox"/> New (not yet in use) <input type="checkbox"/> Recent (in use for less than 3 months) <input type="checkbox"/> Old (in use over 3 months)																																													
Water Treated: <input type="checkbox"/> Yes <input type="checkbox"/> No    Form of Treatment: _____																																													
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;"><b>TESTED</b></td> <td style="width: 25%; border: none;"><b>REQUIRED</b></td> <td style="width: 25%; border: none;"><b>Microbiological</b></td> <td style="width: 25%; border: none;"></td> </tr> <tr> <td style="border: none;"><u>Physico / Chemical</u></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Color</td> <td style="border: none;"><input type="checkbox"/> Nitrates Nitrogen</td> <td style="border: none;"><input type="checkbox"/> Minerals/Heavy Metals</td> <td style="border: none;"><input type="checkbox"/> Heterotrophic Plate Count</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Odor</td> <td style="border: none;"><input type="checkbox"/> Nitrites</td> <td style="border: none;">(Please Specify)</td> <td style="border: none;"><input type="checkbox"/> Coliform Count</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Turbidity</td> <td style="border: none;"><input type="checkbox"/> Acidity</td> <td style="border: none;"><input type="checkbox"/> _____</td> <td style="border: none;"><input type="checkbox"/> Escherichia Coli Count</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Chloride</td> <td style="border: none;"><input type="checkbox"/> Silica</td> <td style="border: none;"><input type="checkbox"/> _____</td> <td style="border: none;"><input type="checkbox"/> Fecal Coliform</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Total Hardness</td> <td style="border: none;"><input type="checkbox"/> Sulfate</td> <td style="border: none;"><input type="checkbox"/> _____</td> <td style="border: none;"><input type="checkbox"/> Streptococci</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> pH</td> <td style="border: none;"><input type="checkbox"/> Others, pls. specify</td> <td style="border: none;"><input type="checkbox"/> _____</td> <td style="border: none;"><input type="checkbox"/> Pseudomonas aeruginosa</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Total dissolved Solids</td> <td style="border: none;"><input type="checkbox"/> _____</td> <td style="border: none;"><input type="checkbox"/> _____</td> <td style="border: none;"><input type="checkbox"/> Others, pls. specify</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Residual Chlorine</td> <td style="border: none;"><input type="checkbox"/> _____</td> <td style="border: none;"><input type="checkbox"/> _____</td> <td style="border: none;"><input type="checkbox"/> _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Alkalinity</td> <td style="border: none;"><input type="checkbox"/> _____</td> <td style="border: none;"><input type="checkbox"/> _____</td> <td style="border: none;"><input type="checkbox"/> _____</td> </tr> </table>		<b>TESTED</b>	<b>REQUIRED</b>	<b>Microbiological</b>		<u>Physico / Chemical</u>				<input type="checkbox"/> Color	<input type="checkbox"/> Nitrates Nitrogen	<input type="checkbox"/> Minerals/Heavy Metals	<input type="checkbox"/> Heterotrophic Plate Count	<input type="checkbox"/> Odor	<input type="checkbox"/> Nitrites	(Please Specify)	<input type="checkbox"/> Coliform Count	<input type="checkbox"/> Turbidity	<input type="checkbox"/> Acidity	<input type="checkbox"/> _____	<input type="checkbox"/> Escherichia Coli Count	<input type="checkbox"/> Chloride	<input type="checkbox"/> Silica	<input type="checkbox"/> _____	<input type="checkbox"/> Fecal Coliform	<input type="checkbox"/> Total Hardness	<input type="checkbox"/> Sulfate	<input type="checkbox"/> _____	<input type="checkbox"/> Streptococci	<input type="checkbox"/> pH	<input type="checkbox"/> Others, pls. specify	<input type="checkbox"/> _____	<input type="checkbox"/> Pseudomonas aeruginosa	<input type="checkbox"/> Total dissolved Solids	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Others, pls. specify	<input type="checkbox"/> Residual Chlorine	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Alkalinity	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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SPECIAL INSTRUCTIONS: _____ _____																																													
<input type="checkbox"/> Initial Test <input type="checkbox"/> Retest to Report No. (s) _____																																													
RETURN TESTED SAMPLE: <input type="checkbox"/> YES <input type="checkbox"/> NO																																													
CONCLUSION: <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested <input type="checkbox"/> Not Applicable																																													
RECOMMENDATION: <input type="checkbox"/> Requested <input type="checkbox"/> Not Requested <input type="checkbox"/> Not Applicable																																													
SERVICE: <input type="checkbox"/> Regular (4-7 working days) <input type="checkbox"/> Express (2-3 working days + 30% surcharge) <input type="checkbox"/> Shuttle (24 hrs. + 80% surcharge) <input type="checkbox"/> Priority (same day + 150% surcharge)																																													
We apply for the Above tests and agree that all testing will be carried out subject to ITS scale of charges as set forth in their latest pricelist, of which we have been informed or seen a copy and subject to the conditions set out herein and overleaf. Submission For Testing Authorized and Conforms to pay Charges																																													
Signature: _____ Name in Print: _____ Position: _____																																													
Note: Pls. indicate preferred procedure, specifications or special instructions, if any. Otherwise, testing method shall be by Standard Methods for the examination of Water and Wastewater, APHA Retained samples not claimed within two weeks of retention period shall be disposed accordingly. Samples for return shall be given on the day of report pick-up. For microbial test, excess sample shall be disposed off immediately after testing.																																													
Laboratory Use Only: Sample <input type="checkbox"/> Submitted _____ <input type="checkbox"/> Drawn / By _____ <input type="checkbox"/> Pick-up By: _____ Application Received By: _____ Sample Received By: _____    Checked / Received By: _____																																													