



MSE Technology Applications, Inc.
Laboratory Services

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PRIVATE WELL

Certified by the Montana Department of Health and Environmental Sciences
according to the Federal Drinking Water Standards

PLEASE FILL IN — PRESS FIRMLY

LAB USE ONLY

Where Was Sample Collected (street address, house #, legal description, etc.)

Address: _____

City _____ County: _____

Date Collected: _____ Time: _____

Collector of Sample: _____ Phone No. _____

Optional

Type of Supply: Well (Depth of Well _____), Spring, Cistern, Lake, or
(circle one) other Surface Supply:

Received at Lab: _____

Analyzed: _____

Analyzed by: _____

Lab No. _____ M C

BACTERIOLOGICAL RESULTS

METHOD A9223B

Total Coliform: Present/Absent

Fecal Coliform: Present/Absent/NA

Bacteriologically suitable for drinking, no fecal pollution.

Contaminated with coliform bacteria, water supply should be disinfected and retested before use as drinking water.

Price: \$ 22.00 Per Sample

Pd: _____ Ck # _____

PAYMENT MUST ACCOMPANY SAMPLE
(Price subject to change without notice)

SAMPLES MUST ARRIVE WITHIN 30 HOURS OF COLLECTION

MON THRU FRI

Person to Receive Report (Please fill in Mailing Address):

Name: _____

Address: _____

City: _____ State: _____ Zip _____

E-mail Address: _____