



MSE Technology Applications, Inc.  
Laboratory Services

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REPORT OF BACTERIOLOGICAL EXAMINATION OF WATER SAMPLES

**Keep Sample COOL  
NOT Frozen**

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

*Please Press Firmly*

PWSID \_\_\_\_\_ SYSTEM NAME: \_\_\_\_\_ COUNTY: \_\_\_\_\_

Collected by: \_\_\_\_\_ Date: \_\_\_\_\_ M C

Certified Operator: \_\_\_\_\_ Operator Certification No. \_\_\_\_\_

Received: \_\_\_\_\_

Analyzed: \_\_\_\_\_

Reported: \_\_\_\_\_

Sample Type*	Sample Site No. or Repeat Location**	CI RES P.P.M.	Time	Lab Use Only	RESULTS — LAB USE ONLY	
					Total Coliform	Fecal

\*/\*\* See Back of Form for Explanation

System Contact No. (Phone No.) \_\_\_\_\_

Person to Receive Report (Please fill in Completely – Press Firmly):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

RESULTS of the explanation of samples at the time received indicated that the water was:

\_\_\_ Satisfactory at this time

\_\_\_ Unsatisfactory

Price **\$22** Pd. \_\_\_\_\_ Ck# \_\_\_\_\_

Date Notified: \_\_\_\_\_

Certified Analyst: \_\_\_\_\_

**SAMPLES MUST ARRIVE WITHIN 30 HOURS OF COLLECTION**