

SAMPLE REPORT

M.J. RAICHYK
Sample Owner's Name

NOTE: Complete all information on the top half of this form. Use only soft soft pencil, typewriter or permanent ink pen. Incomplete or illegible information can cause loss of sample.

WASTEWATER
Sample Type: water, wastewater, stream, etc.

12/15/10
Date Collected

GREY WATER DISCHARGE TANK
Identification of Sample

10:12 AM
Time Collected

1563 KRESS RD
Address of Sample

MT ORAB
City


Signature of Person Delivering Sample

965-4800
Agency Phone

Agency or Person to Receive Results:
M.J. RAICHYK

12/15/10 12:25 pm
Date & Time of Delivery

Name
1563 KRESS ROAD
Address
MT, ORAB OH 45154
City, State Zip

Analysis Requested: FECAL + ECOLI

DO NOT WRITE BELOW THIS LINE: (for lab use only!)

*** LABORATORY RESULTS *** (mg/l unless otherwise stated) Sample #

Ammonia	_____	Cadmium	_____
Total Solids	_____	Chromium	_____
Total Volatile Solids	_____	Copper	_____
Phosphorus (Total)	_____	Lead	_____
Total Kjeldahl Nitrogen	_____	Nickel	_____
Total Suspended Solids	_____	Zinc	_____
Total Volatile SS	_____	Mercury	_____
BOD	_____	Silver	_____
CBOD	_____	Arsenic	_____
Fecal Coliform (#/100ml)	<u>260</u>	Potassium	_____
E. Coli (#/100ml)	<u>62</u>	Oil & Grease	_____
Total Solids, %	_____	pH	_____
Total Volatile Solids, %	_____	Cyanide	_____
Other: _____	_____	Nitrite	_____
Other: _____	_____	Nitrate	_____

Comments: _____

Reported by: Clermont County Sewer District
1003 State Route 50
Milford, OH 45150

Certified by: KS