

## **LABORATORY ANALYSIS REQUEST**

Client Name: \_\_\_\_\_ Attn: \_\_\_\_\_

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

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

Phone # \_\_\_\_\_ Fax or Email: \_\_\_\_\_

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### **Payment Method**

Check

Money Order

Visa/MC

(Please write in credit card information below)

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVC# \_\_\_\_\_  
(3 digit # on back of card)

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### **Sampling Information**

Project Name: \_\_\_\_\_ Sample ID: \_\_\_\_\_ Date Sampled: \_\_\_\_\_

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### **Turn Around**

Standard (7-10 business days)

Rush(24-48hr)

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## **FILTRATION SYSTEM WATER CHECK INCLUDES**

### **Particle Count**

*(quantifies number and size distribution of particles)*

### **T.S.S.**

*(Total Suspended Solids)*

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***Fee \$59.00(standard) \$88.50(rush)***

### ***Sampling Directions:***

1. Rinse and shake bottle thoroughly (with the lid on) three times using the water to be tested.
2. Fill Bottle Completely.
3. Record Information on bottle label.
4. Wrap bottle in bubble wrap provided.
5. Place bottle in baggy and seal.
6. Complete this form and enclose in box with payment.
7. Seal box securely.

Please feel free to call us if you have questions or additional testing needs.

1-877-452-5132