

WATER ANALYSIS REPORT

CITY OF DUBUQUE ENVIRONMENTAL MONITORING LABORATORY

IOWA LAB #014

OWNER OF SUPPLY: Roger Burton PHONE: 608-331-0000

ADDRESS: 2689 South River Road, Galena IL 61036

REPORT TO: _____ PHONE: ph: 815-9776-9945

ADDRESS: Real Roger B @ gmail.com

SAMPLE COLLECTOR NAME (please print): Roger Burton

SIGNATURE (submitter, if different from collector): R.T.B

SAMPLE DATE/TIME: 12/5/22 11:45 AM SUBMISSION DATE/TIME: 12/5/22 2:15 PM
month/day/year time month/day/year time

SAMPLE RECEIVED BY: Ko

SPECIAL INSTRUCTIONS: well water

PWSID# _____ FACILITY ID# _____ SAMPLING POINT ID# _____

SAMPLE TYPE (check one) ROUTINE REPEAT SPECIAL OTHER _____
 (if repeat, give original sample # and repeat code) _____ (original sample #)

ANALYSES REQUESTED ↓	COLLECTION POINT:	COLLECTION POINT:	COLLECTION POINT:	COLLECTION POINT:
BACTERIAL ANALYSIS <input checked="" type="checkbox"/> 9223B-PA <input type="checkbox"/> 9223B-18PA <input type="checkbox"/> 9223B-QT <input type="checkbox"/> 9223B-18QT <input type="checkbox"/> 9215B	<u>Pressure tank</u>			
	<u>Absent</u>			
	Tech in <u>Ko</u> Tech out <u>Ko</u> Time in <u>11:45</u> Time out <u>11:45</u>	Tech in _____ Tech out _____ Time in _____ Time out _____	Tech in _____ Tech out _____ Time in _____ Time out _____	Tech in _____ Tech out _____ Time in _____ Time out _____
NITRATE ANALYSIS [SM 4500-NO3 D] mg/L	<u>2.0</u>			
	Time <u>15:40</u> Tech <u>Ko</u>	Time _____ Tech _____	Time _____ Tech _____	Time _____ Tech _____
FLUORIDE ANALYSIS [SM 4500-F C (ISE)] mg/L				
	Time _____ Tech _____	Time _____ Tech _____	Time _____ Tech _____	Time _____ Tech _____
FREE CHLORINE mg/L				
	Tech _____	Tech _____	Tech _____	Tech _____
TOTAL CHLORINE mg/L				
	Tech _____	Tech _____	Tech _____	Tech _____
OTHER:				
	Tech _____	Tech _____	Tech _____	Tech _____
OTHER:				
	Tech _____	Tech _____	Tech _____	Tech _____
OTHER:				
	Tech _____	Tech _____	Tech _____	Tech _____

< MEANS LESS THAN Tech _____ = TECHNICIAN INITIALS

TOTAL CHARGE \$ #40

EMS # 29698

THIS IS NOT A BILL – INVOICE WILL BE SENT

WHITE COPY: TO CUSTOMER

PINK COPY: TO BILLING OFFICE

GOLD COPY: TO LABORATORY