PublicHealth IN THE 406 Submitter Name & Address:

Nitrate & Bacteria Sample Submission Form

STATE OF MONTANA ENVIRONMENTAL LABORATORY

P.O. Box 4369, Helena, MT 59604 (406) 444-3444, Toll-Free (800) 821-7284 https://dphhs.mt.gov/publichealth/LaboratoryServices/EnvironmentalLaboratory January 2024 Prices subject to change

PWSID:
Account:
System Name:
City:
County:
Email:

Contact Phone:

Annual Nitrate + Nitrite Sample (\$28)	For Entry Point sampling only.Do <u>NOT</u> use bacteria bottles for Nitrate.	For Laboratory Use Only Nitrate Lab Number
Sample ID (EP#):		
Collection Date:		
Collection Time:		
Collected By:		

Coliform (TCR) Bacteria Sample (\$25) - Fill bottle to 100mL line; do NOT under fill or sample will be invalidated.								
	- Bacteria samples must be received within 30 hours of collection.							
Yes, send me	- Samples that are frozen or hot, or more than 30 hours will be invalidated. e extra sampling bottles.							
Sample Type R= Routine RP= Repeat TG= Source/Raw S= Special LT2=LT2 rule (SP) HPC= VA facility	Sample Site/ Description	Collection Date	Collection Time	Collected By & Phone Number	mg/L Chlorine Residual	For Laboratory Use Only Bacteria Lab Number		
*Ground Water Systems submitting repeat samples immediately following a positive Coliform and/or E. coli result should take ONE Triggered Groundwater Source sample (TG) at EACH well that was in use at the time of the positive sample; these should					Original Positive Lab Number Original Positive Sample Date			

Payment Received	For Laboratory Use Only					Sample Temperature:			_ °C
Amount: Check#: Received by:	Date/Time Received: Received By: Reviewed/Login rev. By:		Delivery: Test:	Walk in TCPA NO3	Courier TCQT NO3NO2	USPS HPC -IC	UPS Invalid ₋	FedEx	-