

Test request - Water sample

EBL-0057 / Version 4



	Company/payer:						Address:			
						Social security no:				
					Telephone:					
Sampled by:					Date:					
Send results to email address:										
Sample no. Sampling date an	d time	Sam	ple la	belin	g as	reque	ested in the report:			
1										
2										
3										
4										
5										
6										
Requested n	neasur	emen	te:							
Sample no		2	3	4	5	6	* Regular monitoring in drinking water acc. to			
According to regulation	- - 	 	Ť	<u> </u>		Ť	regulation no. 536/2001:			
Total plate count 22°C							- Total plate count 22°C			
Total plate count 37°C		1					- Coliforms			
Coliforms							- Escherichia coli (E. coli)			
Escherichia coli (E. coli)										
Thermotolerant coliforms							Sensory evaluation			
Enterococci							Sample no. 1 2 3 4 5	6		
Clostridium perfringens							Color			
Pseudomonas aeruginosa							Odor			
_isteria spp.							Apperance			
Conductivity										
Turbidity							Other:			
pH							Sample no. 1 2 3 4 5	6		
Ammoniak (NH ₃)										
Free chlorine										
Total chlorine										
D										
Requested measure			_		_	_				
Sample no	0. 1	2	3	4	5	6	1			
Total suspended solids (TSS)	+						1			
Oil and grease	-									
30D5	+						Regarding report:			
	-						Regarding report:			
Total Phosphor (P)	-						Icelandic English			
Total Nitrogen (N)	+	 								
oH Ammoniak (NH ₃)	+	1	-	-			One report Report for each sample	`		
THIOTHAK (INI 13)		<u> </u>		<u> </u>			T Toue report Tychorr for each sample	,		
							Signature on behalf of the client			

Further information on the accreditation of methods can be found at www.syni.is