



INTERNAL LAB ORDER FORM

Directions: This form is used to indicate what lab tests are to be completed. Form should be taken to City Hall at 425 E. State Street, Rockford, IL 61104. Two copies of the receipt should be requested and one returned prior to samples being tested.

- Coliform..... \$14.00
- Nitrate/Nitrite..... \$20.00
- Membrane Filtration..... \$20.00
- Hardness..... \$15.00
- Iron..... \$10.00
- Manganese..... \$12.00
- pH..... \$10.00
- SPC..... \$25.00
- Quanti-Tray..... \$25.00
- Lead..... \$15.00

Total for lab tests \$ _____

Name _____

Address for Sample _____

FOR OFFICE USE ONLY:
Please print two copies of the receipt.
CHG CODE: LABTST
ACCOUNT CODING: 75001000-61462



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