THE CITY OF DUBUQUE
Showing the Spirit

WATER ANALYSIS REPORT

Environmental Monitoring Laboratory

SAMPLE FORM ONLY

Owner of supply: _____

Address: _____
Street/RR# City State Zip County

Report to: _____

Name: _____

Address: _____
Street/RR# City State Zip County

Collector's name: _____

Time/date of COLLECTION: _____ Time/date of SUBMISSION: _____

Comments: _____

COLLECTION POINT

Bacterial Analysis			
Nitrate Analysis	____ mg/1 (as NO_3)	____ mg/1 (as NO_3)	____ mg/1 (as NO_3)
Fluoride Analysis	____ mg/1	____ mg/1	____ mg/1
Other: _____ _____			

FOR OFFICE USE ONLY

Total charge: _____ EMS # _____

Remit to: City of Dubuque - Utility Billing Office
50 West 13th Street
Dubuque, IA 52003-7996

White copy - Customer Pink copy - Billing office Gold copy - Lab