

(NOTE: This report to have official NATA insignia/logo attached)

(insert name of independent testing entity and the contact details of the relevant laboratory representative in the spaces below)

Enquiries to:
Telephone:
Facsimile:
Email:
Our Ref:

WATER ANALYSIS REPORT

To: (insert name of manufacturer/distributor requesting analysis here)
 (insert company name of manufacturer/distributor requesting analysis – if applicable – here)
 (insert address of manufacturer/distributor requesting analysis)

Results of Analysis of Treated Sewage from Grade C “INSERT SEWAGE TREATMENT SYSTEM NAME HERE” Sewage Treatment System

Your Reference and Date Received	Our Reference	Thermotolerant Coliforms ⁱ (MPN/100mL)	Residual Chlorine ⁱⁱ (mg/L)	Total Nitrogen (mg/L)	Total Phosphorous (mg/L)	pH
Method Reference		(insert method ref. no. here)	(insert method ref. no. here)	(insert method ref. no. here)	(insert method ref. no. here)	(insert method ref. no. here)
1a. 090218 Grade C-08:30						
Grade C treated sewage must not exceed the following values:		150 MPN/100mL	iii	iii	iii	iii

- Notes:**
- ⁱ Independent Testing Entity must have NATA accreditation for these analyses.
 - ⁱⁱ Please indicate when residual chlorine samples were analysed (*i.e.* ‘within 5 minutes of sampling’ or ‘within 24 hours of sampling’).
 - ⁱⁱⁱ Refer to **Testing and analysis requirements–Indicative levels** of the guidelines for the “*Requirements for the ongoing performance and assessment of a sewage treatment system*” for these **indicative** values.

EST = Estimated Count
 MPN = Most Probable Number

(insert name of the relevant independent testing entity laboratory representative here)
NATA Signatory
 (insert relevant departmental details for laboratory representative)

Date:

Office
 (insert office address details for independent testing entity here)

Postal
 (insert postal address details for independent testing entity here)

Telephone
 Main Enquiries Number:
 (insert main telephone contact details for independent testing entity here)

Facsimile
 Main Office Number:
 (insert main facsimile contact details for independent testing entity here)