( **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 B “***Insert Sewage Treatment System Name Here***” Sewage Treatment System**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Your Reference and Date Received | Our Reference | Thermotolerant Coliformsi**(MPN/100mL)** | Total Suspended Solidsi**(mg/L)** | 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)* | *(insert method ref. no. here)* |
| 1a. 090218 Grade B–08:30 |  |  |  |  |  |  |  |
| 1b. 090218 BLANK–08:30 |  | ––– |  | ––– | ––– | ––– | ––– |
| Grade B treated sewage must not exceed the following values: |  | 150MPN/100mL | 50iiimg/L  | iv | iv | iv | iv |

**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 Total suspended solids must not be more than 50mg/L above the suspended solids content of the ambient water used for flushing.

 iv 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.

 ––– indicates blank analysis not required for this sewage quality characteristic (*i.e.*blank analysis required for total suspended solids only).

EST = Estimated Count

MPN = Most Probable Number

**(** *insert name of the relevant independent testing entity laboratory representative here* **) Date: .....................**

**NATA Signatory**

**(** *insert relevant departmental details for laboratory representative* **)**