

(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 A “INSERT SEWAGE TREATMENT SYSTEM NAME HERE” Sewage Treatment System

Your Reference and Date Received	Our Reference	Thermotolerant Colliforms ⁱ (MPN/100mL)	Total Suspended Solids ⁱ (mg/L)	Biochemical Oxygen Demand ⁱ (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)	(insert method ref. no. here)
1a. 090218 Grade A-08:30								
1b. 090218 BLANK-08:30		---	---	---	---	---	---	---
Grade A treated sewage must not exceed the following values:		250 MPN/100mL	50 ⁱⁱⁱ mg/L	50 mg/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)

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)

NATA Accredited Laboratory Number (insert ‘Accredited Laboratory Number’ for independent testing entity here). These results relate to the sample as collected.

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