

(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 Coliforms ⁱ (MPN/100mL)	Total Suspended Solids ⁱ (mg/L)	Residual Chlorine ⁱⁱ (mg/L)	Total Nitrogen (mg/L)	Total Phosphorous (mg/L)	pH
Method Reference		<i>(insert method ref. no. here)</i>	<i>(insert method ref. no. here)</i>	<i>(insert method ref. no. here)</i>	<i>(insert method ref. no. here)</i>	<i>(insert method ref. no. here)</i>	<i>(insert method ref. no. here)</i>
1a. 090218 Grade B–08:30							
1b. 090218 BLANK–08:30		---		---	---	---	---
Grade B treated sewage must not exceed the following values:		150 MPN/100mL	50 ⁱⁱⁱ 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)
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)