



Float tank facility laboratory agreement form

FACILITY CONTACT INFORMATION:

FACILITY NAME: _____ CONTACT NAME: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

A laboratory certified by the Washington State Department of Ecology must agree to test float water samples from your facility as specified below.

Laboratory

I, (Laboratory Representative Full Name) _____, the undersigned representative, confirm that (Laboratory Name) _____ agrees to test float water samples provided by (Name of Facility) _____ according to the following testing methods.

Float water will be tested by performing (a and b) or (a and c) of the following list:

- a. Heterotrophic plate counts (CFU per milliliter).
- b. Total coliform test by membrane filter technique (CFU per 100 milliliters).
- c. Total coliform test by the most probable number (MPN) technique (CFU per 100 milliliters).

Instructions for proper sampling have been provided to the facility.

Laboratory Representative Signature: _____ Date: _____

Floation Tank Facility

I, _____, the undersigned owner of a floatation tank facility, agree to collect float water samples according to the following sample collection requirements:

- a. The owner must take float water samples from each tank once a month for the first six months of opening the business. The sample must be tested at a laboratory to ensure that bacteriological standards are met. Upon successive compliance with the bacteriological standards for six months, testing frequency may be reduced to every six months thereafter.
- b. The owner shall abide by the sampling procedures specified by the laboratory.
- c. The owner shall take samples that are representative of the usual condition of the float water. For this, the owner must take samples of float water that has been in use for at least ten sessions.

Owner Signature: _____ Date: _____