



SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT LAB
 620 South 400 East #400 ST. GEORGE, UT 84770 (435) 986-2580
 LAB NUMBER: UT00955

Drinking Water
Sample

Water System # _____ Water System Name: _____

Address & Description of Sample Location: _____

Sample Collected By: _____ Sample Date: _____ Sample Time(24hr) : _____

Water Sample Type: Public Water Supply Private (Well, Spring, Etc.) Environmental Other:

Is Sample Chlorinated? Yes No Residual _____ ppm

This Sample is a:

- Routine Sample
- Investigative Sample
- Repeat Sample** (For Failed Sample)

**For Sample # _____

COMMENTS: _____

Method Requested:

Total Coliform/ Fecal Coliform

- Presence/Absence (Method #9223B)
- IDEXX Quanti-Tray® (MPN)

Other

- Heterotrophic Plate Counts (HPC)
IDEXX SimPlate®
- Nitrates (0.23-13.5 mg/L)

SEND REPORT TO:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-Mail: _____

Fax: _____

FOR LABORATORY USE ONLY

Sample Number: _____

Date Received: _____ 24hr Time: _____

Received By : _____

Notes: _____

Paid: _____

I, _____, declare that the sample(s) submitted with this form have been in my possession since the time of collection and that, to the best of my knowledge, the information submitted on this form is true, accurate, correct and complete.

Signed _____ Date: _____ Time: _____



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