



SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT WATER LAB

620 South 400 East #400 ST. GEORGE, UT 84770 (435) 986-2580

LAB NUMBER: UT00955

Environmental
Water Sample

Water Body Name: _____

Address: _____ Description of sample location: _____

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

Site Type: Lake Pond Environmental River Other:

Method Requested: Total Coliform/ Fecal Coliform
 with SIM-Plate for HPC Quantitray MPN for Coliform/ Fecal Coliform

SEND REPORT TO: Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____

Sample ID	Type	Sample #	Sample ID	Type	Sample #
	<input type="checkbox"/> Routine <input type="checkbox"/> Investigative <input type="checkbox"/> Repeat			<input type="checkbox"/> Routine <input type="checkbox"/> Investigative <input type="checkbox"/> Repeat	

Sample ID	Type	Sample #	Sample ID	Type	Sample #
	<input type="checkbox"/> Routine <input type="checkbox"/> Investigative <input type="checkbox"/> Repeat			<input type="checkbox"/> Routine <input type="checkbox"/> Investigative <input type="checkbox"/> Repeat	

FOR LABORATORY USE ONLY

Date Received: _____ 24hr Time: _____

Received By: _____

Sample Number: _____ Sample Number: _____

+/-	C	E	MPN	HPC	+/-	C	E	MPN	HPC
/	L				/	L			
	S					S			

Sample Number: _____ Sample Number: _____

+/- C E MPN HPC +/- C E MPN HPC

+/-	C	E	MPN	HPC	+/-	C	E	MPN	HPC
/	L				/	L			
	S					S			

Comments & Notes: _____

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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/	L				/	L			
	S					S			

Sample Number: _____ Sample Number: _____

+/- C E MPN HPC +/- C E MPN HPC

+/-	C	E	MPN	HPC	+/-	C	E	MPN	HPC
/	L				/	L			
	S					S			

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