

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:							FOR LABORATORY USE ONLY										
Address: Description of s			n of sample l	of sample location:		Date Received:					24hr Time:						
Sample Coll	Sample Collected By: Sample Date: Sample Time(24hr):							Received By:									
Site Type:						Sample Number:					Sample Number:						
Method Requested: ☐ Total Coliform/ Fecal Coliform ☐ with SIM-Plate for HPC ☐ Quantitray MPN for Coliform/ Fecal Coliform						+/-	C L	E	MPN	HPC	+/-	C L	E	MPN	HPC		
SEND REPORT TO: Name:							s					s					
Address:	City:			State: Zip:		Sample Number:				Sample Number:							
E-Mail:				Phone:		+/-	С	Е	MPN	HPC	+/-	С	E	MPN	HPC		
Sample ID	Туре	Sample #	Sample ID	Туре	Sample #	1	L				,	L					
	Routin	e Investigative Repeat	-	☐ Routin	e 🗌 Investigative 🔲 Repeat	/	S				/	s					
Sample ID	Туре	Sample #	Sample ID	Туре	Sample #	Comment	ts & Notes:										
	Routin	e 🗌 Investigative 🔲 Repeat	-	☐ Routin	e 🔲 Investigative 🔲 Repeat	1											
SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT WATE 620 South 400 East #400 ST. GEORGE, UT 84770 (435) 986-258 LAB NUMBER: UT00955							Environmental										
Water Body Name:							FOR LABORATORY USE ONLY										
Address: Description of sample location:						Date Received: 24hr Time:											
Sample Coll	Collected By: Sample Date: Sample Time(24hr):				Received By:												
Site Type:	e:					Sample Number:					Sample Number:						
Method Requested: ☐ Total Coliform/ Fecal Coliform ☐ Quantitray MPN for Coliform/ Fecal Coliform SEND REPORT To: Name:						+/-	L	E	MPN	HPC	+/-	L S	E	MPN	HPC		
Address: City: State: Zip:						Sample N	1				Sample I						
E-Mail:		Oity.		Phone:	Zip	+/-	C	E	MPN	HPC	+/-	C		MPN	HPC		
Sample ID	Туре	Sample #	Sample ID	Type	Sample #] L		IVIFIN	ПРС] L	_	IVIFIN	пгс		
Gumpie 12		e ☐ Investigative ☐ Repeat	-		e ☐ Investigative ☐ Repeat	/	s					s					
Sample ID	Туре	Sample #	Sample ID	Туре	Sample #	Comment	ts & Notes:										
•	Routin	e ☐ Investigative ☐ Repeat			e ☐ Investigative ☐ Repeat	1											
l,		, declare	that the sample(s	s) submitte	d with this form have been	in my posse	ession since	the tim	e of colle	ection an	d that, to th	he best of m	ıy know	rledge, th	ne		

information submitted on this form is true, accurate, correct and complete.

Date: Time:

Signed