



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 Sample Type: Public Water Supply Water System # _____ Private (Well, Spring, Etc.) Other:

Water System Name: _____

Sample(s) Collected By: _____ Sample Date: _____

Method Requested: (Only one method per sheet)
 Total Coliform/ Fecal Coliform
 Presence/Absence (Method #9223B)
 IDEXX Quanti-Tray® (MPN)
 Other
 Heterotrophic Plate Counts (IDEXX SimPlate®)
 Nitrates (0.23-13.5 mg/L)

Address & Description of Sample Location:	Sample Time (24hr)	Bottle ID	These Sample(s) are:	Is Sample Chlorinated ?	Residual ppm	LABORATORY USE ONLY
						Sample Number:
			<input type="checkbox"/> Routine <input type="checkbox"/> Repeat Sample FOR: _____ <input type="checkbox"/> Triggered Source <input type="checkbox"/> Investigative*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Routine <input type="checkbox"/> Repeat Sample FOR: _____ <input type="checkbox"/> Triggered Source <input type="checkbox"/> Investigative*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Routine <input type="checkbox"/> Repeat Sample FOR: _____ <input type="checkbox"/> Triggered Source <input type="checkbox"/> Investigative*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Routine <input type="checkbox"/> Repeat Sample FOR: _____ <input type="checkbox"/> Triggered Source <input type="checkbox"/> Investigative*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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			<input type="checkbox"/> Routine <input type="checkbox"/> Repeat Sample FOR: _____ <input type="checkbox"/> Triggered Source <input type="checkbox"/> Investigative*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Routine <input type="checkbox"/> Repeat Sample FOR: _____ <input type="checkbox"/> Triggered Source <input type="checkbox"/> Investigative*	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SEND REPORT TO: Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ E-Mail: _____ Fax: _____ COMMENTS: _____	Date Received: _____
	24hr Time: _____
	Received By: _____
	Notes: _____
	Paid: _____
	<input type="checkbox"/> Received within 1 Hour <input type="checkbox"/> Received On Ice? <input type="checkbox"/> Yes <input type="checkbox"/> No Temperature at Receipt: _____ °C

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: _____

**Routine, Repeat and Triggered source samples are reported to the Utah Department of Environmental Quality Division of Drinking Water. If the sample does not need to be reported to DDW then please mark it as Investigative.*