



# SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT WATER LAB

LAB NUMBER: UT00955

620 S. 400 East #400 ST. GEORGE, UT 84770 435-986-2580

Swimming Pool,  
Spa, & Splash Pad  
Samples

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Sample Date: \_\_\_\_\_ Send Results Via:  Email  USPS

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**\*SAMPLES MUST BE RECEIVED BY THE LAB WITHIN 24 HOURS OF COLLECTION TIME**

Complete Pool Name (No abbreviations please!)	Bottle I.D.	Pool Type	Sample Type	Sample Time:	Free Cl <sub>2</sub> :	Total Cl <sub>2</sub> :	pH:	Alk	CyA	ORP:	Water Clarity	Bathers Present	FOR LAB USE ONLY		
													Sample #	Coliform	+ / -
		<input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Other	<input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Check								<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sample #	Coliform	+ / -
		<input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Other	<input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Check								<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sample #	E. coli	+ / -
		<input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Other	<input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Check								<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sample #	HPC#	+ / -
		<input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Other	<input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Check								<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sample #	Coliform	+ / -
		<input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Other	<input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Check								<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sample #	E. coli	+ / -
		<input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Other	<input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Check								<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sample #	HPC#	+ / -
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		<input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Other	<input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Check								<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sample #	HPC#	+ / -

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: \_\_\_\_\_

Received By: _____	<b>On Ice?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Within 1 hr
Date: _____	
Time: _____	
Paid: _____	