

LABORATORY NUMBER

RECREATIONAL/ENVIRONMENTAL WATER
ANALYSIS FOR BACTERIA

DATE SAMPLE COLLECTED
MONTH DAY YEAR TIME A.M. P.M.

BOTTLE NUMBER

SAMPLE COLLECTED BY (REPORT WILL BE SENT TO PERSON COLLECTING SAMPLE.)

NAME

AGENCY

ADDRESS

ADDRESS

CITY STATE ZIP

TELEPHONE () FAX ()

POINT OF SAMPLE COLLECTION

OWNER'S NAME TELEPHONE NUMBER ()

FACILITY NAME

ADDRESS

ADDRESS

CITY STATE ZIP COUNTY

GPS LATITUDE GPS LONGITUDE

SAMPLE COLLECTED FROM

SWIMMING POOL DEEP BATHING BEACH DEEP 6'
 SHALLOW LAKE SHALLOW 3'
 WADING POOL POND
 SPA or HOT TUB RIVER
 WATER SLIDE OTHER (Identify) _____
 ZOO WATER LOCATION _____
 NON-RECREATIONAL WATER TYPE _____

TEST(S) REQUESTED

ROUTINE SPECIAL REQUESTS (MUST CONTACT LAB)
 TOTAL COLIFORM and E. coli COUNT FECAL COLIFORM COUNT
 HETEROTROPHIC PLATE COUNT STAPHYLOCOCCUS COUNT
 PSEUDOMONAS

Sample must be received in the laboratory within 48 hours after collection.
Please Press Firmly.