

Sample ID: _____	Acct.#: _____	Payment _____
SAMPLE INFORMATION		
PWS ID#: _____ (7 digits required)	County: _____	
PWS Name: _____ (exact name required)		
Send Report To:		
Name: _____		
Address: _____		
City, State, Zip: _____		
Phone: _____ Fax: _____		
[] Owner [] Operator [] Other _____		
SAMPLE IDENTIFICATION / TYPE / COLLECTION DATE AND TIME		
Date Collected: ____/____/____	Time Collected: _____	
Sample Site: _____	Sample Number: _____	
Collected By: _____	Phone Number: _____	
System Type	Sample Type	Water Source
[] Public	[] Distribution [] Raw: Well# _____	[] Surface Water
[] Private	[] Construction [] Special _____	[] Groundwater
[] Other _____	[] Repeat for sample _____	
Disinfection Residual: _____ mg/L [] Total Chlorine		[] Free Chlorine
Turbidity: _____ mg/L (for ≥10,000)		
LABORATORY TEST DATA (Laboratory Use Only)		
Test Method: [] Colilert P/A [] Colilert MPN		
Total Coliform Organisms: [] NOT FOUND [] FOUND	_____ MPN/100mL	
Escherichia coli Organisms: [] NOT FOUND [] FOUND	_____ MPN/100mL	
[] Repeat Sample Required		
[] Unsuitable For Analyses		
Analyst: _____	Analysis Date: ____/____/____	Report Date: ____/____/____
SAMPLE UNSUITABLE FOR ANALYSIS		
[] Sample too old. Not received within 30 hours of collection	[] Heavy silt / bacteria / turbidity present	
[] Quantity insufficient for analyses (100 ml. required)	[] Sample leaked in transit	
[] Form incomplete / data discrepancy (circle errors)	[] Chlorine residual	
[] Other reason (describe): _____		
CHAIN OF CUSTODY INFORMATION		
Received on ice? _____	Temp. observed _____ C	Temp. corrected _____ C
Therm. ID _____	Correction factor _____ C	
Relinquished By: _____	Date: ____/____/____	Time: _____
Received By: _____	Date: ____/____/____	Time: _____
Relinquished By: _____	Date: ____/____/____	Time: _____
Received At Lab By: _____	Date: ____/____/____	Time: _____