

Microbiological Drinking Water Sample Identification Sheet

Laboratory Name: EASTERN LAB SERVICES, LTD
 1035 Medina Road, Suite 500
Certification Number: 889 Medina, Ohio 44256
EPA Lab ID: OH01233 Phone: 330-670-7920 Fax: 330-670-7921

Completely fill out using ballpoint pen																										
Water Supply Name _____																										
County _____	PWS ID # (Mandatory) _____	Tax ID # _____																								
Date Collected _____	Sample Tap ID _____	Phone _____																								
Time Collected _____	Address of Sample Tap _____	City / State / Zip _____																								
Signature of Sample Collector _____																										
Sample Classification Routine___ Repeat___ Special___ If repeat, last sample # _____ Public___ Private___ Distribution System _____ Raw___ Plant Tap___ Surface___ Ground___ Beach Waters___	Person to Receive Results Name _____ Address _____ _____ EMAIL: _____ FAX: _____																									
HPC _____	Chlorine Residual _____																									
Laboratory Results Test Used - MMO-MUG																										
Not Analyzed _____ Too Old _____ Leaked in Transit _____ Broken in Transit _____ Residual Chlorine _____ Less than 100 mL _____ Incomplete information _____ Lab Accident _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">TOTAL COLIFORM RESULTS</th> </tr> <tr> <td style="width: 60%;">POSITIVE</td> <td>_____</td> </tr> <tr> <td>NEGATIVE</td> <td>_____</td> </tr> <tr> <td>MPN - CFU/100 mLs</td> <td>_____</td> </tr> <tr> <td>Wells - New / Existing</td> <td>_____</td> </tr> <tr> <td>Ponds / Lakes / Beach Waters</td> <td>_____</td> </tr> <tr> <th colspan="2" style="text-align: center;">E. COLI RESULTS</th> </tr> <tr> <td>POSITIVE</td> <td>_____</td> </tr> <tr> <td>NEGATIVE</td> <td>_____</td> </tr> <tr> <td>MPN - CFU/100 mLs</td> <td>_____</td> </tr> <tr> <td>Wells - New / Existing</td> <td>_____</td> </tr> <tr> <td>Ponds / Lakes / Beach Waters</td> <td>_____</td> </tr> </table>	TOTAL COLIFORM RESULTS		POSITIVE	_____	NEGATIVE	_____	MPN - CFU/100 mLs	_____	Wells - New / Existing	_____	Ponds / Lakes / Beach Waters	_____	E. COLI RESULTS		POSITIVE	_____	NEGATIVE	_____	MPN - CFU/100 mLs	_____	Wells - New / Existing	_____	Ponds / Lakes / Beach Waters	_____	Sample # _____ Date Rec'd _____ Time Rec'd _____ Date Rep't _____ Analyst _____
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	Name _____																									
	Address _____																									
	City _____	State _____	Zip _____																							
	Phone _____	Fax # _____																								