 Sample Number \_\_\_\_\_\_\_\_\_\_\_

***PUBLIC WATER SUPPLY REPORT***

Montgomery County Health Dept.

1580 Constitution Row

Crawfordsville, IN 47933

Certified Lab ID#: 54-01

765-364-6440

Date Received \_\_\_\_\_\_\_\_\_\_\_

**TEST: TOTAL COLIFORM**

**METHOD:**

** MF  MPN  LST P/A  MM P/A  MM QT**

**RESULTS:**

** PRESENT**

****

** ABSENT ANALYST**

SAMPLES SUBMITTED WITHOUT COMPLETED FORM WILL NOT BE ANALYZED.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(ESTABLISHMENT NAME)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(STREET)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(CITY, STATE, ZIP)**

**TEST:  FECAL COLIFORM  E. COLI**

**METHOD:**

** MF  MPN  EC P/A  MM P/A  MM QT**

**RESULTS:**

** PRESENT**

****

** ABSENT ANALYST**

**TO BE COMPLETED BY PUBLIC WATER SYSTEM**

PWS ID: 

Please circle one: **POOL / SPA**

24/7 Contact Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE: **

HETEROTROPHIC

PLATE COUNT \_\_\_\_\_\_\_\_/1.0ML \_\_\_\_\_\_\_\_/0.1ML

**TIME:  LOCATION CODE: **

Sampling Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If MPN or MMQT is checked, the result is a statistical determination of the most probable number per 100ml.

If MF is checked, the result is organisms per 100ml.

If P/A is checked, the result is present or absent.

Chlorine Residual at Sampling \_\_\_\_\_\_\_\_\_\_\_\_mg/l

Sample Collected by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Final pool sample results will be available 48 hours after being processed\***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SAMPLE TYPE (check appropriate square)**

**REPORT OF SAMPLES**

* D – Distribution  C – Repeat  O - Other

**** **SUBMIT REPEAT SAMPLES AS REQUIRED UNDER 327 (AC 8-2-8.1)**

* **PLEASE SUBMIT ANOTHER SAMPLE.**

**TEST NOT VALID BECAUSE:**

****Too long in transit (more than 30 hours)

****Invalid/no collection date.

****Sample type not designated.

****Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks:

Date Original Sample Collected (if sample is repeat):



Remarks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_