



Canton City Public Health

# Canton City Public Health Laboratory

420 Market Ave North, Canton Ohio 44702  
www.cantonhealth.org/lab/

\$17.00 \_\_\_\_\_

## WATER SYSTEM MICROBIOLOGICAL ANALYSIS SAMPLE SUBMISSION REPORT

### Water System Information

Water Sample Name

Address of Sample Tap

City, State, Zip

Phone #

Township

### SAMPLE INFORMATION:

#### Sample Type:

- Routine
- Repeat (confirm positive sample compliance)  
Original Positive Sample # \_\_\_\_\_

-- Coliform Enumeration

#### Sample Collection Date:

mm/dd/yyyy

#### Sample Collection Time:

hh:mm am/pm

#### Sample Collector Name:

#### Sample Collector Phone:

#### Sample Tap Location (sink):

Free Chlorine Residual: \_\_\_\_\_

Total Chlorine Residual: \_\_\_\_\_

### LABORATORY INFORMATION:

Reporting Lab Canton City Public Health

Reporting Lab Certification No.: 755

Lab Sample Number: \_\_\_\_\_

### Comments:

How would you like the lab to report results? PLEASE PRINT Clearly.

Ohio Dept. of Health regulations stipulate that no more than 4.2 MPN total coliforms / 100 ml. are allowable in a non-public water supply.

### Sample Results:

Analyte	Absent / Negative	Present / Positive	Analysis start date/time	Analysis end date/time	Analytical Lab ID#	Analyst #	Method Used
Total Coliform (3100)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	755	_____	9223
Enumeration	N <sup>o</sup> . of positive wells: _____		_____	MPN (colonies/100 ml)	<input type="checkbox"/>	_____	_____
E. Coli. (3014)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	755	_____	9223
Enumeration	N <sup>o</sup> . of positive wells: _____		_____	MPN (colonies/100 ml)	<input type="checkbox"/>	_____	_____

- Instrument Failure
- Lab not certified

- Requester cancelled
- Other (Comments)

- Water System requested
- Lab Error