



Canton City Public Health Laboratory

420 Market Ave North, Canton Ohio 44702

www.cantonhealth.org/lab/

Canton City Public Health

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 Presence/Absence
- Coliform Enumeration

Sample Collection Date: _____
mm/dd/yyyy

Sample Collection Time: _____
hh:mm am/pm

Sample Collector Phone: _____

Sample Tap Location: _____

Free Chlorine Residual: _____

Total Chlorine Residual: _____

LABORATORY INFORMATION:

Reporting Lab Canton City Public Health

Reporting Lab Certification No.: 755

Lab Sample Number: _____

Comments:

Ohio Dept. of Health regulations stipulate that no more than 4.0 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 ^o . of positive wells: _____		MPN (colonies/100 ml)		_____	_____	_____
E. Coli. (3014)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	755	_____	9223
Enumeration	N ^o . of positive wells: _____		MPN (colonies/100 ml)		_____	_____	_____

--Instrument Failure

--Lab not certified

--Requester cancelled

--Other (Comments)

--Water System requested

--Lab Error