

# 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 Name:** \_\_\_\_\_

**Sample Tap Location:** \_\_\_\_\_

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

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

### **LABORATORY INFORMATION:**

Reporting Lab Canton City Health Department

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 <sup>o</sup> . of positive wells: _____		_____	MPN (colonies/100 ml)	_____	_____	_____
E. Coli. (3014)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
Enumeration	N <sup>o</sup> . of positive wells: _____		_____	MPN (colonies/100 ml)	_____	_____	_____

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> --Instrument Failure | <input type="checkbox"/> --Requester cancelled | <input type="checkbox"/> --Water System requested |
| <input type="checkbox"/> --Lab not certified  | <input type="checkbox"/> --Other (Comments)    | <input type="checkbox"/> --Lab Error              |