

OFFICIAL DRINKING WATER ANALYSIS FOR TOTAL  
COLIFORM AND *E. COLI* BACTERIA

LABORATORY NUMBER

DATE SAMPLE COLLECTED (Required Information)				BOTTLE NUMBER
MONTH	DAY	YEAR	TIME · A.M. · P.M.	

<b>SAMPLE COLLECTED BY</b> (REPORT WILL BE SENT TO PERSON COLLECTING SAMPLE.)			
NAME		INSPECTOR ID NUMBER	
AGENCY			
ADDRESS			
ADDRESS			
CITY		STATE	ZIP
TELEPHONE ( )		FAX ( )	

<b>POINT OF COLLECTION</b> (IF DIFFERENT FROM COLLECTOR INFORMATION)			
OWNER'S NAME		TELEPHONE NUMBER ( )	
FACILITY NAME			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	COUNTY
TOWNSHIP	RANGE		SECTION
GPS LATITUDE		GPS LONGITUDE	

<b>SUPPLY TYPE:</b>			
<input type="checkbox"/> PRIVATE	<input type="checkbox"/> NON-COMMUNITY PUBLIC	<input type="checkbox"/> COMMUNITY PUBLIC	<input type="checkbox"/> OTHER _____
<b>LOCATION:</b> EST. NO. _____			
<input type="checkbox"/> PRIVATE HOME	<input type="checkbox"/> USDA	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> LOAN
<input type="checkbox"/> MOTEL, RESORT	<input type="checkbox"/> GROCERY/CONVENIENCE STORE	<input type="checkbox"/> DAIRY FARM	
<input type="checkbox"/> MEAT, FISH & FOOD PROCESSING			
<input type="checkbox"/> OTHER			
<b>CONSTRUCTION TYPE:</b>			
<input type="checkbox"/> DRILLED WELL	<input type="checkbox"/> SPRING (USED FOR DRINKING PURPOSES ONLY)	<input type="checkbox"/> BORED OR DUG WELL	
<input type="checkbox"/> DRIVEN WELL	<input type="checkbox"/> OTHER _____		
<b>SEWAGE DISPOSAL:</b>		<b>RESAMPLE AFTER TREATMENT:</b>	
<input type="checkbox"/> CITY SEWER	<input type="checkbox"/> YES		
<input type="checkbox"/> ON-SITE	<input type="checkbox"/> NO		

Please Press Firmly. Collector: Submit white copy with sample. Canary copy is for your records.