

Drinking Water Microbiology (Method SM9223 20th Ed.) *Public Water System Submitters Only*



Select One

- Routine
- Monitoring
- Boil Water
- MPN
- SAM Well # _____

Select Sub-Category

- Resample
 - Upstream
 - Downstream
 - Original Site
- Triggered WL# _____

Resample Code _____

Original Sample # (LSN) _____

Site Code _____

Collection Site Address (Print) _____

Collected by (Print Name) _____

Date Collected _____ Time Collected _____ A.M. _____ P.M.

Chlorine Residual

Test Kits: Hach Lamotte Other

Method: Digital Color Wheel

Free	Total
Result: _____	Result: _____
Lot #: _____	Lot #: _____
Exp Date: _____	Exp Date: _____

Place Barcode Label Here or

PWS ID # _____

PWS Name: _____

FOR LAB USE ONLY

_____ Total Coliform and E. Coli Absent

_____ Total Coliform Present and E.Coli Absent

_____ Total Coliform and E. Coli Present

Analyst Initial _____ Verification Initial _____

Comments: _____