



SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT LAB

620 South 400 East #400 ST. GEORGE, UT 84770 (435) 986-2580

LAB NUMBER: UT00955

ENVIRONMENTAL WATER

TESTING SAMPLE FORM

ALL ENVIRONMENTAL WATER SAMPLES ARE RUN AS INVESTIGATIVE SAMPLES

Send Reports To:

*Name: _____ *Phone: _____ *Email: _____
Address: _____ City: _____ State: _____ Zip: _____

*Samples Collected By: _____

*Sample Collection Date: _____

*Testing Methods Requested:

☐ IDEXX Quanti-Tray® (MPN) ☐ Heterotrophic Plate Count (IDEXX SimPlate for HPC) ☐ Nitrate 0.23 to 13.5 mg/L (HACH® LR TNT+ 835)

Sample Information

Please print clearly as you fill out this form out completely and accurately

* Location	*Site Description (Lake, Pond, river, etc.)	*Sample Time (24hr)	Bottle ID

For Laboratory Use Only

OPR	MS				
MSD	Blank		Coliform & E. coli		
Sample #	Nitrate as NO3-N	+Presence / -Absence	Quantitray	MPN	HPC MPN
			C E S L		
		✓	C E S L		
		✓	C E S L		
		✓	C E S L		
		✓	C E S L		
		✓	C E S L		
		✓	C E S L		
		✓	C E S L		
		✓	C E S L		
		✓	C E S L		

*I, _____, declare that the sample(s) submitted with this form have been in my possession since the time of collection and that, to the best of my knowledge, the information submitted on this form is true, accurate, correct and complete.

Signed _____ Date: _____ Time: _____

Received On Ice?
☐ Yes ☐ No; Temp _____ °C
☐ Received within 1 Hour

Chain of
Custody

Accepted By: _____ ☐ N/A

Date: _____ Time: _____

Transfer To: _____ ☐ N/A

Date: _____ Time: _____

Paid: _____ Lab Received By: _____ Date: _____ Time: _____

*Required information on each form submitted