

*Water Sample Source: ☐ Public Water System System #

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 *Sample Collection Date: _____
☐ Private Water (Well, Spring, Etc.) ☐ Other _____ *Collected By: _____
 *Water System or Private Owner Name: _____

**Please only select only ONE method per sheet*

***Testing Method Requested:** ☐ Total Coliform/ Fecal Coliform Presence/Absence (*Method #9223B*) ☐ IDEXX Quanti-Tray® (MPN)
☐ Heterotrophic Plate Count (*IDEXX SimPlate for HPC*)

Sample Information

Please print clearly as you fill out this form out completely and accurately. Lab staff will not alter submitted paperwork.

*Address	*Site Description	*Sample Time (24hr)	Bottle ID	BLANK samples will be run as investigative. *These Sample(s) are:	Chlorinated	Residual PPM	Sample #	+/-	MPN
				<input type="checkbox"/> Routine <input type="checkbox"/> Investigative** <input type="checkbox"/> Repeat _____ <input type="checkbox"/> Routine Source <input type="checkbox"/> Triggered Source	<input type="checkbox"/> Y <input type="checkbox"/> N			/	
				<input type="checkbox"/> Routine <input type="checkbox"/> Investigative** <input type="checkbox"/> Repeat _____ <input type="checkbox"/> Routine Source <input type="checkbox"/> Triggered Source	<input type="checkbox"/> Y <input type="checkbox"/> N			/	
				<input type="checkbox"/> Routine <input type="checkbox"/> Investigative** <input type="checkbox"/> Repeat _____ <input type="checkbox"/> Routine Source <input type="checkbox"/> Triggered Source	<input type="checkbox"/> Y <input type="checkbox"/> N			/	
				<input type="checkbox"/> Routine <input type="checkbox"/> Investigative** <input type="checkbox"/> Repeat _____ <input type="checkbox"/> Routine Source <input type="checkbox"/> Triggered Source	<input type="checkbox"/> Y <input type="checkbox"/> N			/	
				<input type="checkbox"/> Routine <input type="checkbox"/> Investigative** <input type="checkbox"/> Repeat _____ <input type="checkbox"/> Routine Source <input type="checkbox"/> Triggered Source	<input type="checkbox"/> Y <input type="checkbox"/> N			/	
				<input type="checkbox"/> Routine <input type="checkbox"/> Investigative** <input type="checkbox"/> Repeat _____ <input type="checkbox"/> Routine Source <input type="checkbox"/> Triggered Source	<input type="checkbox"/> Y <input type="checkbox"/> N			/	
				<input type="checkbox"/> Routine <input type="checkbox"/> Investigative** <input type="checkbox"/> Repeat _____ <input type="checkbox"/> Routine Source <input type="checkbox"/> Triggered Source	<input type="checkbox"/> Y <input type="checkbox"/> N			/	
				<input type="checkbox"/> Routine <input type="checkbox"/> Investigative** <input type="checkbox"/> Repeat _____ <input type="checkbox"/> Routine Source <input type="checkbox"/> Triggered Source	<input type="checkbox"/> Y <input type="checkbox"/> N			/	
				<input type="checkbox"/> Routine <input type="checkbox"/> Investigative** <input type="checkbox"/> Repeat _____ <input type="checkbox"/> Routine Source <input type="checkbox"/> Triggered Source	<input type="checkbox"/> Y <input type="checkbox"/> N			/	
				<input type="checkbox"/> Routine <input type="checkbox"/> Investigative** <input type="checkbox"/> Repeat _____ <input type="checkbox"/> Routine Source <input type="checkbox"/> Triggered Source	<input type="checkbox"/> Y <input type="checkbox"/> N			/	

Send Reports To:			Received On Ice? <input type="checkbox"/> Yes <input type="checkbox"/> No; Temp ____ °C <input type="checkbox"/> Received within 1 Hour		
*Name: _____ *Phone: _____			<u>Chain of Custody</u> Accepted By: _____ <input type="checkbox"/> N/A Date: _____ Time: _____ Transfer To: _____ <input type="checkbox"/> N/A Date: _____ Time: _____ Lab Received By: _____ Date: _____ Time: _____ Notes: _____ Paid: _____		
*Email: _____					
Address: _____					
City: _____ State: _____ Zip: _____					
Comments: _____					

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: _____

****Required information on each form submitted***

*****Routine, Repeat and Triggered source samples are reported to the Utah Department of Environmental Quality Division of Drinking Water.
If the sample does not need to be reported to DDW then please mark it as Investigative.***