Environmental Microbiology Surface Water Examination

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PLEASE PRINT CLEARLY
COMPLETE ONE FORM FOR EACH SAMPLE

Accession Label
LAB USE ONLY

HORIZON PROFILE NUMBER:
NAME AND ADDRESS OF SUBMITTER:

TO BE COMPLETED BY COLLECTOR		
	DATE COLLECTED _____ / _____ / _____ **(MM/ DD/YYYY)**	TIME COLLECTED _____ Hrs (Military Time)
Name of Beach or Property Name	Collector's Sample Number	
Collected By	Street Address of Sample Collected	
Collector's Phone Number _____ (Please use 10-digit number)	Town, State, and Zip Code of Sample Collected	
Contact Information if Different than Collector		
Additional Information (Complaints, Rainfall, Birds/Wildlife, Etc.)		

SURFACE WATER TEST REQUEST	LABORATORY RESULTS
FOR COLLECTOR: Please check test requested.	***FOR LABORATORY USE ONLY*:**
<u>Fresh Water Test Request (NOT for Bathing Water)</u>	**LW | SW**
❑ **EC-SW** *E. coli*. PER 100ML	
<u>Marine Water Test Request (NOT for Bathing Water)</u>	**LW | SW**
❑ **ENT-SW** Enterococci PER 100ML	