_____

Construction/Engineering Company Submitting Sample

Phone:_____Fax:_____

NON-REGEGULATORY
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT

___/___/___ ___:___(24 Hr Clock) _____

Sample Date Sample Time Customer/System Name

_____ _____

Sampling Collection Point Owner/Contact Person

_____ _____

Samplers Name Print & Sign Owner/Contact Person Phone Number

CL_2 ----------

MICROBIOLOGICAL ANALYSIS
>>>To be filled out by laboratory personnel<<<

Analysis Method	MCL Value	Contaminant Name	Cont Code	Analysis Run Date	Result
SM9223B	Present/ 2 or more Coliform	Total Coliform	3100	----------	_____

ONLY REPORT FECAL RESULT IF TOTAL COLIFORM RESULT IS POSITIVE

Analysis Method	MCL Value	Contaminant Name	Cont Code	Analysis Run Date	Result
SM9223B	Present/ 2 or more Coliform	E. Coli	3013	----------	_____

>>>>>LABORATORY INFORMATION<<<<<
To be filled out by laboratory personnel

SPECIMEN NUMBER Received Temp. Date / Time Received

[_____] _____°C ----------

ID Number: AZ0037 Mohave Environmental Laboratory 2580 Landon Dr. Ste A Bullhead City, AZ 86429 928-754-8101

Comments:_____

Authorized Signature:_____

Microbiological Results: P = Presence A = Absence