

Construction/Engineering Company Submitting Sample
Phone: _____ Fax: _____

**NON-REGULATORY
DRINKING WATER MICROBIOLOGICAL ANALYSIS REPORT**

____/____/____ :____(24 Hr Clock)
Sample Date Sample Time

Customer/System Name

Sampling Collection Point

Owner/Contact Person

Owner/Contact Person Fax Number

Owner/Contact Person Phone Number

CL₂

*****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 200 North 2nd Street Holbrook Arizona 86025

Comments: _____

Authorized Signature: _____

Microbiological Results: P = Presence A = Absence