



Ohio EPA Laboratory # 878
Private Water Supply Microbiological Sample Report

| | | |
|--------------------------------------|-----------------------|-----------------------------------|
| Private Water Supply Resident's Name | | |
| Date Collected | Time Collected | County Water Supply is Located In |
| Sample Tap Location | Address of Sample Tap | City and Zip Code |
| Name of Person Collecting Sample | | Contact Phone Number |

Sample Type: Private Surface Ground ; Softener Y N , If Yes - Bypassed Y N
 Repeat Sample Following a Positive ; Repeat Sample Number _____

| | |
|--|------------|
| Owner or Purveyor to Receive Results Bill this Address <input type="checkbox"/> | |
| | |
| Name | |
| | |
| Address | |
| | |
| City, State, Zip Code | |
| | |
| Phone Number | Fax Number |

| | |
|---|------------|
| Agency to Receive Results Bill this Address <input type="checkbox"/> | |
| | |
| Name | |
| | |
| Address | |
| | |
| City, State, Zip Code | |
| | |
| Phone Number | Fax Number |

Laboratory Findings:

Analytical Method: Colilert Colilert - 18 Colisure

| | | |
|-------------------------|--|------------------|
| Analyst Name | Total Coliform Negative <input type="checkbox"/> Total Coliform Positive <input type="checkbox"/> | Sample Number |
| Analyst Ohio EPA Number | E. Coli Negative <input type="checkbox"/> E. Coli Positive <input type="checkbox"/> | Date Received |
| | | Date/Time Tested |

Sample NOT Analyzed: _____ Date Reported: _____