



Environmental Microbiology Drinking Water Examination

Katherine A. Kelley State Public Health Laboratory

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**PLEASE PRINT CLEARLY
COMPLETE ONE FORM FOR EACH SAMPLE**

HORIZON PROFILE NUMBER:
NAME AND ADDRESS OF SUBMITTER:

Accession Label
LAB USE ONLY

TO BE COMPLETED BY COLLECTOR *REQUIRED FIELDS

(Please select one) <input type="checkbox"/> *WELL <input type="checkbox"/> MUNICIPAL		* Date Collected ____ / ____ / ____ (MM/ DD/YYYY)	* Time Collected _____ Hrs (Military Time)
System Name: PWSID Number:		* Name of Utility or Property Owner	* Collector's Sample Number
* Street Address of Sample Collected		* Name of Collector:	
* Town, State and Zip Code of Sample Collected:		* Collector's Phone Number _____ (Please use 10-digit number)	
Select Water Source <input type="checkbox"/> *PRIVATE <input type="checkbox"/> *PUBLIC	* Source of Sample Collected: (Kitchen sink, Main well, etc.)		

Additional Information (Complaints, Requests, Treatments, Etc.)

DRINKING WATER TEST REQUEST

LABORATORY RESULTS

FOR COLLECTOR:
Please check tests, check all that apply.

FOR LABORATORY USE ONLY:

TC-PW COLIFORM /E.COLI

TOTAL COLIFORM _____ PER 100ML

E. COLI _____ PER 100ML

HPC-W STANDARD PLATE COUNT

1 DIL _____ -1 DIL _____ SPC PER ML _____

IRON-BACT IRON BACTERIA

MICROSCOPIC COUNT _____ FINAL PER 100ML _____

GALLIONELLA SPECIES

GALLIONELLA SPECIES (Circle one): FOUND / NOT FOUND