

Customer Information (Please complete one lab slip per water system or owner) Customer #					Date And Time Samples Dropped Off, Signature		
Customer Name:						Building Bishop L Inde	ependence Lab
Mailing Address:					Date Time Signature		
Contact Name:	Email: Pho		Phone:		By signing sample date, time, and drop off location, I certify that the sample(s) were transported on ice to begin the chilling process.		
Water System Name and ID#		Sample Date and	Sampler	Bottle ID	LAB USE ONLY		
Or Owner Name and Address	Sample Collection Location	Time	Initials	Information and Collector Remarks	Lab ID#		
						Total Coliform	E. coli
						Presence	Presence
						Absence	Absence
Sample Type	Water Type	Is Sample Chlorinated?	Test Type			mpn	mpn
Routine Repeat	Potable Pool Surface Water	□ ^{No} □ ^{Yes}					
Other:	Other:	Residual:	QT2000				
						Presence	Presence
						Absence	Absence
Sample Type	Water Type	Is Sample Chlorinated?	Test Type			mpn	mpn
Routine Repeat	Potable Pool Surface Water Other:	□ ^{No} □ ^{Yes}	□ PA □ QT □ QT2000				
		Residual:					
						Presence	□ Presence
						Absence	Absence
Sample Type	Water Type	Is Sample Chlorinated?	Test Type			mpn	mpn
Routine Repeat	□ Potable□ Pool□ Surface Water □ Other:	No Yes Residual:					_
			— Q12000			Drosonoo	
						Presence	Presence
						Absence	Absence
Sample Type	Water Type	Is Sample Chlorinated?	Test Type			mpn	mpn
Routine Repeat	Other:	No Yes Residual:					
Notes/Notifications:							
Revised Jan 2024							