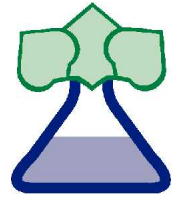


# American Agricultural Laboratory, Inc.

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 www.AmAgLab.com



## Coliform Bacteria Sample Submittal Form

<b>Name &amp; Address</b>  Name _____  Address _____  City State Zip _____  Phone # _____	Bill To _____
	Extra Copies To _____
	e-Mail (PDF) Copies To _____
	e-Mail Address _____
	FAX To _____
	FAX No. _____

Name of Person Collecting Sample \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Month Sampled \_\_\_\_\_ Date Sampled \_\_\_\_\_ Time Sampled \_\_\_\_\_

Sample Site Address/POE \_\_\_\_\_

Residual Chlorine \_\_\_\_\_ (if required)

Field pH \_\_\_\_\_ (if required)

Type of Sample (please check)

Compliance Sample (please check)

- \_\_\_\_\_ Routine
- \_\_\_\_\_ Repeat
- \_\_\_\_\_ Replacement
- \_\_\_\_\_ Special

- \_\_\_\_\_ Yes
- \_\_\_\_\_ No

If this is a repeat sample, the original sample lab number was \_\_\_\_\_

If this is a repeat sample, the location is (please check)

- \_\_\_\_\_ Original Location
  - \_\_\_\_\_ Other Location
  - \_\_\_\_\_ Near 1st Location
  - \_\_\_\_\_ Upstream
  - \_\_\_\_\_ Downstream
- \_\_\_\_\_ Trigger

LAB TEST CODE	Request Sample Supplies	LAB USE ONLY
X Total Coliform and E. Coli Bacteria (Method 9223 B)	Quantity _____ Item _____	Time _____ ARS
	_____ Water Sample Kit	Received _____ BRL
		Time _____ None
		Started _____
		RD:September 2014