



PUBLIC WATER SUPPLY REPORT
 Montgomery Co. Health Dept.
 1580 Constitution Row STE G
 Crawfordsville, IN 47933
 Certified Lab ID#: 54-01
 765-364-6440

Sample Number _____

Date Received _____

SAMPLES SUBMITTED WITHOUT COMPLETED FORM WILL NOT BE ANALYZED.

(ESTABLISHMENT NAME)

(STREET)

(CITY, STATE, ZIP)

TEST: TOTAL COLIFORM
METHOD:
 MF MPN LST P/A MM P/A MM QT

RESULTS:
 PRESENT

ANALYST

ABSENT

TO BE COMPLETED BY PUBLIC WATER SYSTEM

PWS ID:

Please circle one: **POOL / SPA**

24/7 Contact Phone # _____

County: _____

DATE:

TIME: **LOCATION CODE:**

Sampling Address: _____

Chlorine Residual at Sampling _____ mg/l

Sample Collected by: _____

SAMPLE TYPE (check appropriate square)

D – Distribution C – Repeat O - Other

Date Original Sample Collected (if sample is repeat):

Remarks _____

Fax Number _____

Email _____

TEST: FECAL COLIFORM E. COLI
METHOD:
 MF MPN EC P/A MM P/A MM QT

RESULTS:
 PRESENT

ANALYST

ABSENT

HETEROTROPHIC PLATE COUNT _____/1.0ML _____/0.1ML

*If MPN or MMQT is checked, the result is a statistical determination of the most probable number per 100ml.
 If MF is checked, the result is organisms per 100ml.
 If P/A is checked, the result is present or absent.

Final pool sample results will be available 48 hours after being processed

REPORT OF SAMPLES

SUBMIT REPEAT SAMPLES AS REQUIRED UNDER 327 (AC 8-2-8.1)

PLEASE SUBMIT ANOTHER SAMPLE. TEST NOT VALID BECAUSE:

Too long in transit (more than 30 hours)

Invalid/no collection date.

Sample type not designated.

Other _____

Remarks: _____
