



FRESH SURFACE WATER SUBMISSION FORM

Environmental Microbiology
 Connecticut Department of Public Health
 Katherine A. Kelley State Public Health Laboratory
 395 West St. Rocky Hill, CT 06067
 PH (860) 920-6699 FAX (860) 920-6703

For Lab Use Only:
 Called significant results: _____
 (Initials)
 Contact name: _____
 Voice mail: Yes No (circle one)
 Date/Time: _____

| | | | |
|--------------------------------------|----------------|-----------------|-----------------------------------|
| PROFILE NO./NAME AND ADDRESS: | | | COLLECTED BY: _____ |
| | | | TOWN: _____ |
| | | | DATE COLLECTED: _____ |
| | | | CONTACT INFORMATION: _____ |
| Sample Type: (Circle One) | REGULAR | RESAMPLE | PHONE # (_____) _____ |

FRESH SURFACE WATER

Date/Time Received _____

Test A-Code: EC-SW

Colilert/*E. coli*

| | | |
|---|---|---|
| For Lab Use Only: Accession # Test: | Time Collected: _____ Collector's No. _____ Location: _____ Additional Info: _____ | For Lab Use Only: LW _____ SW _____ # POSITIVE WELLS <i>E. coli</i> MPN/100ml: |
| Accession # Test: | Time Collected: _____ Collector's No. _____ Location: _____ Additional Info: _____ | LW _____ SW _____ # POSITIVE WELLS <i>E. coli</i> MPN/100ml: |
| Accession # Test: | Time Collected: _____ Collector's No. _____ Location: _____ Additional Info: _____ | LW _____ SW _____ # POSITIVE WELLS <i>E. coli</i> MPN/100ml: |
| Accession # Test: | Time Collected: _____ Collector's No. _____ Location: _____ Additional Info: _____ | LW _____ SW _____ # POSITIVE WELLS <i>E. coli</i> MPN/100ml: |
| Accession # Test: | Time Collected: _____ Collector's No. _____ Location: _____ Additional Info: _____ | LW _____ SW _____ # POSITIVE WELLS <i>E. coli</i> MPN/100ml: |

For Lab Use Only:

Results Recorded

Date/Time/Initials: _____

Date/Time/Initials Analyzed: _____

Method (Select test performed): COLILERT-18 COLILERT-24 COLISURE

Rev. 12/8/2020