



**FRESH BATHING WATER SUBMISSION FORM**

**Environmental Microbiology**  
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For Lab Use Only:  
 Called significant results: \_\_\_\_\_  
 (Initials)  
 Contact name: \_\_\_\_\_  
 Voice mail: Yes No (circle one)  
 Date/Time: \_\_\_\_\_

<b>PROFILE NO./NAME AND ADDRESS:</b>   Sample Type: <b>REGULAR</b> <b>RESAMPLE</b> (Circle One)	<b>COLLECTED BY:</b> _____ <b>TOWN:</b> _____ <b>DATE COLLECTED:</b> _____ <b>CONTACT INFORMATION:</b> _____ <b>PHONE # (____)</b> _____
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**FRESH BATHING WATER**

Date and Time Received

Test A-Code: EC-BW

Colilert/ *E. coli*

For Lab Use Only:	<b>Time Collected:</b> _____ <b>Collector's No.</b> _____ <b>Beach Name:</b> _____ <b>Additional Info:</b> _____	For Lab Use Only: _____Initials _____ <b>POSITIVE WELLS:</b>  <i>E. coli</i> Count/100ml:
Accession #	<b>Time Collected:</b> _____	_____Initials _____
Test:	<b>Collector's No.</b> _____	<b>POSITIVE WELLS:</b>
	<b>Beach Name:</b> _____	<i>E. coli</i> Count/100ml:
	<b>Additional Info:</b> _____	
Accession #	<b>Time Collected:</b> _____	_____Initials _____
Test:	<b>Collector's No.</b> _____	<b>POSITIVE WELLS:</b>
	<b>Beach Name:</b> _____	<i>E. coli</i> Count/100ml:
	<b>Additional Info:</b> _____	
Accession #	<b>Time Collected:</b> _____	_____Initials _____
Test:	<b>Collector's No.</b> _____	<b>POSITIVE WELLS:</b>
	<b>Beach Name:</b> _____	<i>E. coli</i> Count/100ml:
	<b>Additional Info:</b> _____	
Accession #	<b>Time Collected:</b> _____	_____Initials _____
Test:	<b>Collector's No.</b> _____	<b>POSITIVE WELLS:</b>
	<b>Beach Name:</b> _____	<i>E. coli</i> Count/100ml:
	<b>Additional Info:</b> _____	

For Lab Use Only: DATE AND TIME ANALYZED:

ANALYZED BY:

METHOD (Circle test performed):    **COLILERT-18**      **COLILERT-24**      **COLISURE**