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 and Time Received

Test A-Code: EC-SW

Colilert/*E. coli*

For Lab Use Only:		For Lab Use Only:
Accession # Test:	**Time Collected:** _____ **Collector's No.** _____ **Location:** _____ **Additional Info:** _____	LW_____SW _____Initials _____ POSITIVE WELLS: *E. coli* Count/100ml:
Accession # Test:	**Time Collected:** _____ **Collector's No.** _____ **Location:** _____ **Additional Info:** _____	LW_____SW _____Initials _____ POSITIVE WELLS: *E. coli* Count/100ml:
Accession # Test:	**Time Collected:**_____ **Collector's No.** _____ **Location:** _____ **Additional Info:** _____	LW_____SW _____Initials _____ POSITIVE WELLS: *E. coli* Count/100ml:
Accession # Test:	**Time Collected:** _____ **Collector's No.** _____ **Location:** _____ **Additional Info:** _____	LW_____SW _____Initials _____ POSITIVE WELLS: *E. coli* Count/100ml:
Accession # Test:	**Time Collected:** _____ **Collector's No.** _____ **Location:** _____ **Additional Info:** _____	LW_____SW _____Initials _____ POSITIVE WELLS: *E. coli* Count/100ml:

For Lab Use Only: DATE AND TIME ANALYZED:
ANALYZED BY:
METHOD (Circle test performed): **COLILERT-18** **COLILERT-24** **COLISURE**