MARINE SURFACE WATER SUBMISSION FORM
Environmental Microbiology
Connecticut Department of Public Health
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PH (860) 920-6699 FAX (860) 920-6703

Sample Type: (Circle One) REGULAR RESAMPLE

PROFILE NO./NAME AND ADDRESS: COLLECTED BY: ________________________________
TOWN: ___________________________________
DATE COLLECTED: _____________________
CONTACT INFORMATION: __________________
PHONE # (_______)

MARINE SURFACE WATER
Test A-Code: ENT-SW
Enterolert/Enterococci

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For Lab Use Only: LW ______ SW ______ # POSITIVE WELLS
Enterococci MPN/100ml:

For Lab Use Only: Results Recorded
Date/Time/Initials: ________________________________

Date/Time/Initials Analyzed: ________________________________

Method (Select test performed): ☐ ENTEROLERT

Rev. 12/8/2020