

Pools and Spas Report

Certified Laboratory
 Identification Number
 M-49-5

Micro Air, Inc.
 6320 La Pas Trail
 Indianapolis, Indiana 46268
 Telephone (317) 293-1533

Sample Number _____
 Date Received _____
 Time Received _____

SAMPLES SUBMITTED WITHOUT COMPLETED FORM WILL NOT BE ANALYZED. USE BLACK INK ONLY.

 Name of Organization

 Street, Box or Rural Route

 City State Zip

 Phone Fax

Sampling Address: _____

Location taken: _____

County: _____

Sample Type: (Check One) **Sample Taken:**

| | | |
|--------------------------|--------------------------------------|----------------------------|
| <input type="checkbox"/> | Bathing Beach | Date: _____ |
| <input type="checkbox"/> | Bottled Water | _____ |
| <input type="checkbox"/> | Drinking Water | _____ |
| <input type="checkbox"/> | Spa/Hot Tub | Time: _____ |
| <input type="checkbox"/> | Surface Water (<i>Ditch, etc.</i>) | _____ |
| <input type="checkbox"/> | Swimming Pool | _____ |
| <input type="checkbox"/> | Well | _____ |
| <input type="checkbox"/> | Other _____ | Sample Collected By: _____ |

Samples were analyzed according to EPA Approved MMO-MUG Presence/Absence Test Procedure and the Heterotrophic Plate Count Test Procedure for pool water. Micro Air, Inc.'s laboratory is in compliance with the quality assurance as specified by the method.

This report may not be reproduced, except in full, without written approval from Micro Air, Inc., and only relates to the items tested.

Date Reported: _____

ANALYSIS DATA - To Be Completed by Laboratory

TEST: TOTAL COLIFORM

METHOD: MMO-MUG P/A MMO-MUG QT

RESULT:

PRESENT: MPN _____ / 100mL

ABSENT:

Analyst: _____ Date: _____ Time: _____

TEST: E. coli

METHOD: MMO-MUG P/A MMO-MUG QT

RESULT:

PRESENT: MPN _____ / 100mL

ABSENT:

Analyst: _____ Date: _____ Time: _____

*If QT is checked the result is organisms per 100mL.
 If P/A is checked the result is Presence (P) or Absence (A).*

METHOD: SIMPLATE
 TECHNIQUE _____ /1.0mL

Analyst: _____ Date: _____ Time: _____

STATUS OF SAMPLES
 (SEE INSTRUCTIONS FOR EXPLANATION)

SATISFACTORY

UNSATISFACTORY

SUBMIT REPEAT SAMPLES as required under 327 IAC 8-2-9.1

PLEASE SUBMIT ANOTHER SAMPLE.
 TEST NOT VALID BECAUSE:

Too long in transit

No collection date and/or time

Sample leaked or broken in shipment

Insufficient volume

Residual chlorine present

High background count

Other