

Drinking Water Sample Submission Form

Certified Laboratory
Identification Number
M-49-5

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

Sample Number _____
Date Received _____
Time Received _____
for laboratory use only

Client Information

Name: _____ Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____
Fax: _____ Contact Person: _____
Report Results (Choose One): Verbal Fax Email
Payment Type (Circle): Invoice Cash Credit Card Check Amount: \$ _____

Sample Information

Facility / Residence: _____ Date Collected: _____
Sample Address: _____ Time Collected: _____
Location: _____
(Ex. Kitchen sink, outside spigot, etc.)
Collected By: _____
Analysis to be Performed: P/A QT P/A = Presence / Absence QT = Quantification
Lead: Nitrate: Nitrite:
Other: _____

Analysis (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: _____

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