

Date Collected: _____

Time Collected: _____

Collection Point: _____ Collected by: _____

FOR AGENCY USE ONLY:

Colilert P/A Method

Total Coliforms: Present Absent **Fecal/E. Coli:** Present Absent

Sample meets state bacteriological standards: Yes No _____ Resample requested

If No, why:

Date Analysis Begun: Time Analysis Begun:

Date Analysis Completed: Time Analysis Completed:

Certified By: _____

Comments: