Public Health Prevent. Promote. Protect. Montgomery County Health Department	PUBLIC WATER S Montgomery Cour 110 W. So Crawfordsvill Certified Lab 765-364	nty Health Dept. uth Blvd. e, IN 47933 ID#: 54-01	Sample Number Date Received	
SAMPLES SUBMITTED WITHOUT COMPLETED FORM WILL NOT BE ANALYZED. USE BLACK INK		TEST: TOTAL COLIFORM METHOD: MF MPN LST P/A MM P/A MM QT		
(ESTABLISHMENT NAME) (STREET) (CITY, STATE, ZIP)		RESULTS:		
		METHOD:	TEST: FECAL COLIFORM E. COLI METHOD: MF MPN EC P/A MM P/A MM QT	
PWS ID:		RESULTS:		
DATE: DOLLAR DE LOCATION CODE: DOLLAR DE LOCATION CODE : DOLLAR DE LOCATION DE LOCATION DE LOCATION CODE : DOLLAR DE LOCATION DE LOCATION DE LOCATION CODE : DOLLAR DE LOCATION D		HETEROTROPHIC PLATE COUNT/1.0ML/0.1ML		
Chlorine Residual at Samplingmg/l		*If MPN or MMQT is checked, the result is a statistical determination of the most probable number per 100ml. If MF is checked, the result is organisms per 100ml. If P/A is checked, the result is present or absent.		
Sample Collected by:				
SAMPLE TYPE (check appropriate square)			REPORT OF SAMPLES	
\Box D – Distribution \Box C – Repeat \Box O - Other		SUBMIT REPEAT SA	MPLES AS REQUIRED UNDER 327 (AC 8-2-8.1)	
Date Original Sample Collected (if sample is repeat):		PLEASE SUBMIT ANOTHER SAMPLE. TEST NOT VALID BECAUSE:		
		□Too long in transit (more than 30 hours)		
Remarks		Invalid/no collection date.		
		Sample	Sample type not designated.	
		Other_	□Other	
Fax Number		Remarks:		
Email				