



BUREAU OF STATE LABORATORY SERVICES

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 Victor Waddell, Ph.D., Bureau Chief

Sample Received Date and Time:

Water Microbiological Sample Submission Form

For Department Use Only – ADHS Sample Number

SUBMITTER: BOLDDED SECTIONS WITH ASTERISK MUST BE COMPLETED

Submitting Agency Information							
* Agency Name:		* Agency ID Code:		* System ID Number: 04 -		Sample Site Name:	
* Street Address:				* Sample Site Location: (City/Area):			
* City:	* State:	* Zip Code:	County:	General Collection Point:		Chain of Custody: <input type="checkbox"/> Yes – complete below <input type="checkbox"/> No	
* Contact Name:	* Phone:	Fax:	* Sample Collection Date:	* Sample Collection Time:	* Sampler Name:	* Sampler Phone Number:	
* Matrix/Type	* Laboratory Testing			Field Data		Repeat Sample Code	
<input type="checkbox"/> Drinking water – compliance <input type="checkbox"/> Drinking water – noncompliance Chlorinated: Yes No <input type="checkbox"/> Ground water <input type="checkbox"/> Surface water <input type="checkbox"/> Wastewater <input type="checkbox"/> Other: _____	<input type="checkbox"/> Colilert – Presence / Absence <input type="checkbox"/> Colilert – MPN / Quanti-Tray <input type="checkbox"/> Total Coliform (MF) <input type="checkbox"/> Total Coliform (MTF) <input type="checkbox"/> Fecal Coliform (MF) <input type="checkbox"/> Fecal Coliform (MTF) <input type="checkbox"/> <i>E. coli</i> (MF) <input type="checkbox"/> <i>E. coli</i> (MTF) <input type="checkbox"/> Heterotrophic Plate Count <input type="checkbox"/> Other: _____			Residual chlorine: _____ mg/L Conductivity: _____ Mhos D.O.*: _____ mg/L pH: _____ S.U. Air Temp: _____ °C Water Temp: _____ °C Sample Appearance: <input type="checkbox"/> Clear <input type="checkbox"/> Turbid <input type="checkbox"/> Silty <input type="checkbox"/> Floating <input type="checkbox"/> Other Weather: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Other		This is for any drinking water sample being submitted for repeat testing: <input type="checkbox"/> E – Original location <input type="checkbox"/> U - Upstream <input type="checkbox"/> W – Downstream <input type="checkbox"/> O – Other Original Violation Specimen #: _____	
Comments:							

Chain of Custody

Relinquished by:		Received by:		Date / Time
(Signature)	(Print Name)	(Signature)	(Print Name)	