

WATER SAMPLE SUBMISSION FORM

3816 N Meridian Ave, Suite 113  
Oklahoma City, OK 73112  
Phone: 405-917-5517

Contact Information		Project Information										
Company:	Address:	Project:	PWSID #:							Site Location:		
Contact:	City:	Sampled By:								Sample Type: Raw / Routine / Repeat		
Email:	State/Zip:	Date Sampled:								Residual Chlorine:		
Phone:		Ref / PO #:								Date and Time:		
Email for Reports:		Temp:								<b>Lab Use Only</b>		
Relinquished By:		Receive By:								Logged In By:		
Date:		Date/Time:								Date:		
Time:		Temp:								Time:		
SERVICES REQUESTED												
Sample #	Sample ID	Sample Description	Heterotrophic Plate Count (potable)	Heterotrophic Plate Count (non potable)	Heterotrophic Plate Count (swabs)	Legionella (potable)	Legionella (serogrouping)	Legionella (swabs)	Coliforms	<i>Escherichia coli</i>	Bac T	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
Comments:												

