

Laboratory: Leetonia Water Plant
 ODH Microbiological Sample Report for Private Water Systems

Private Water Supply or Resident's Name _____		
Date Collected _____	Time Collected _____	County Water Supply is Located In _____
Sample Tap Location _____	Address of Sample Tap _____	City and Zip Code _____
Name of Person Collecting Sample _____		Contact Phone Number _____

Sample Type: New Construction Replacement Alteration Other:

Softener Yes No If Yes – Bypassed Yes No

Repeat Sample Following a Positive Repeat for Sample Number _____

Private Water Well - No Continuous Disinfection (requires total coliform count for a repeat sample)

Private Water Systems Requiring Continuous disinfection or a Disinfectant Residual - TC report presence/absence:

Hauled Water Tank Cistern Spring Pond Well with Continuous Disinfection

Owner or Purveyor to Receive Results	
<input type="checkbox"/> Bill Results	
Name _____	
Address _____	
City, State, Zip Code _____	
Phone Number _____	Fax Number _____

Agency to Receive Results	
<input type="checkbox"/> Bill Results	
Name _____	
Address _____	
City, State, Zip Code _____	
Phone Number _____	Fax Number _____

LABORATORY FINDINGS:

Analytical Method: **Quanti-Tray Colilert**
 Quanti-Tray 2000

Sample Number: _____

Total Coliform

Negative RAW Count: _____

Positive MPN Value: _____

Lab Certification # 842

Analyst Number _____

E. coli

Negative RAW Count: _____

Positive MPN Value: _____

Start Date-Time --

End Date-Time --

Analyst Name: _____

Sample Not Analyzed: _____

Date Reported: _____

All data above the dotted line **MUST** be filled out when the sample is submitted to the laboratory.