

SUMMIT COUNTY PUBLIC HEALTH

1867 West Market Street Akron, OH 44313 (330) 926-5600

EPA certification # 598

Microbiological Report for Private Water System Samples

PAYMENT INFORMATION:

On accompanying application

or

Credit Card

Date Paid: _____

Cash

Check # _____

SYSTEM TYPE (CHOOSE ONE):

Well

Hauled Water Tank

Cistern

Other: _____

SERVICE REQUESTED (CHOOSE ONE):

Collection & Lab Analysis

PWS Permit

POS Evaluation

Re-Sample

Requested

Lab Analysis Only

Contractor \$20.00

Commercial \$20.00

PROPERTY INFORMATION:

Property Owner

Parcel ID

Location of Sample Tap

Property Address

Phone Number

Date of Collection

City

Zip Code

Time of Collection

CONTACT PERSON TO RECEIVE RESULTS:

Preferred method of contact: Mail Email Fax

Name

Phone Number

Email Address

Address

City

Zip

Fax Number

SAMPLE COLLECTED BY:

Name

Phone Number

Company/Agency Name

Continuous Disinfection: Yes No

Test Requested: Enumeration by MMO/MMG

Chlorine Residual: _____

Presence/Absence by MMO/Mug

LABORATORY USE ONLY

Test Performed:

Enumeration by MMO/MMG

Presence/Absence by MMO/Mug

Date/Time Received: _____

Sample Number: _____

Laboratory Results:

Date Reported: _____

Total Coliform

Positive

MPN _____/100mL

Negative

Maximum allowable is 4.2/100mL

Analyst: _____

E.coli

Positive

MPN _____/100mL

Negative

No detection is required (<1/100mL)

Sample Result: Acceptable

Unacceptable