



Environmental Microbiology Fresh Surface Water Examination

Katherine A. Kelley State Public Health Laboratory

395 West Street, Rocky Hill, CT 06067

Phone Number: 860-920-6699

Date/Time/Initials Received

PLEASE PRINT CLEARLY

Place Lab Submitter Address and Account Information Here:	Collected by: _____ Town: _____ Date collected: _____ Contact Information: _____ Telephone: _____ (please use 10-digit number)
Sample Type (Circle One): Initial / Resample	

Test Requested: Fresh Surface Water
Test Number: EC-SW
Colilert / E.coli

<i>For Lab Use Only:</i> Lab #: Test:	Time: _____ Collector's No.: _____ Beach or Property Name: _____ Address: _____ Additional Info: _____	<i>For Lab Use Only:</i> E. coli Count/100ML: _____ Positive Wells: _____ Initials: _____
<i>For Lab Use Only:</i> Lab #: Test:	Time: _____ Collector's No.: _____ Beach or Property Name: _____ Address: _____ Additional Info: _____	<i>For Lab Use Only:</i> E. coli Count/100ML: _____ Positive Wells: _____ Initials: _____
<i>For Lab Use Only:</i> Lab #: Test:	Time: _____ Collector's No.: _____ Beach or Property Name: _____ Address: _____ Additional Info: _____	<i>For Lab Use Only:</i> E. coli Count/100ML: _____ Positive Wells: _____ Initials: _____
<i>For Lab Use Only:</i> Lab #: Test:	Time: _____ Collector's No.: _____ Beach or Property Name: _____ Address: _____ Additional Info: _____	<i>For Lab Use Only:</i> E. coli Count/100ML: _____ Positive Wells: _____ Initials: _____
<i>For Lab Use Only:</i> Lab #: Test:	Time: _____ Collector's No.: _____ Beach or Property Name: _____ Address: _____ Additional Info: _____	<i>For Lab Use Only:</i> E. coli Count/100ML: _____ Positive Wells: _____ Initials: _____

For Lab Use Only: Date and Time Analyzed: _____ Analyzed by: _____

Method (Circle test performed): COLILERT-18 / COLILERT-24