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System Name:	System ID:
Sample Date:	Contact Person:
Sample Time (24-hr. clock):	Phone Number:
Sampling Site ID:	Fax # or e-mail:
Sampler Name:	Matrix:

Microbiological Analysis

Lab Specimen ID	Analysis Total Coliform		Analysis E. coli		Analysis Start		Analysis Complete	
	Method	Result	Method	Result	Date	Time	Date	Time
	9223B		9223B					

Laboratory Information (To be filled out by lab personnel)

Lab Name: Fresh Terra Services Laboratory License: AZ 0792

Lab Contact: Felipe Ozuna Lab Phone Number: 928-257-3601

Comments: _____

Signature: 