

Utah Public Health

Water Bacteriological Analysis Test Request Form

4431 S 2700 W Taylorsville, UT 84129-8600

Main 801 965 2400 SR 801 965 2405

https://uphl.utah.gov

Contact SR if assistance is needed
 Place samples on ice but do not let freeze.
 Fill out one form for each collection point.
 Fill out this form using block letters and with a black or blue pen.
 Do not attach this form to the sample.

RUSH SAMPLES
 AUTHORIZED BY

LAB USE SECTION

LAB NUMBER

Received Date and Time Stamp

Analyzed Date and Time Stamp

Contact Numbers

Public Health - Environmental Microbiology
 801 965 2587
 State Division of Drinking Water
 801 536 4200

Contact Your Local Health Department for Pool, Spa,
 and Hot Tub Information

Unsatisfactory Sample

- Exceeded Holding Time
- Out of Date Container
- Not State Lab Container
- Container is Broken/Leaking
- Incomplete Documentation
- Other

Please Submit a New Sample

- Sample Receipt Conditions
- Temperature Ice
- Yes
 No

Public Water System Name / Agency or Business Name / Leave Blank if NA

Public Water System

Customer Number

U T A H

OR

- Compliance Sample for EPA / DDW
 Do Not Check Box if Private Investigative

First Name REPORTING CONTACT

Last Name

Email

- New Information Update Account

First Name BILLING CONTACT

Last Name

Address

City

State

Zip

Phone

Facility ID

Sampling Point ID

MANDATORY FOR
 PWS CUSTOMERS

Collection Point Description / Project Name (if applicable)

Collection Point Description (Continued)

Collection Date

Collection Time

Collector's Initials

M M D D Y Y Y Y

24 Hour Clock

EX 2:00 PM = 1400

Collector's Comments or Chlorine Residual ppm

Sample Holding Times

- 8 Hours Raw Water, HPC
 24 Hours Drinking Water

Select One Test Option

- Total Coliform / E. coli (Well 97)
- Enterococcus (Well 97)
- Additional Test
- Heterotrophic Plate Count (HPC)

Select One Type of Water

- Drinking
 - Raw
 - Pool / Spa*
 - Dionized or RO
 - Other
- *HPC is added

Public Water System Repeat Section for a Previous Total Coliform Positive Sample

Original Sample Data

Collection Date

M M D D Y Y Y Y

Sample Number

- RTRC Repeat Collection

Collect 3 Samples
 Indicate where in relation to the original sample

- Downstream
- Upstream
- Original Site

- GWR Repeat Collection

Collect 1 sample from each source in use
 or 1 sample from an approved site - SSG01
 before treatment