



City of DeKalb
 Water Division – Laboratory
 Registry # 17542

1216 Market Street
 DeKalb, IL 60115-3531
 (815) 748-2050

MICROBIOLOGICAL ANALYSIS REPORT FORM

Samples must reach the lab within 30 hours after collection. Sample Collector must accurately complete all shaded areas or sample may be discarded. Type or use ink.

Date and Time in Laboratory:

Mail Report to:
Name:
Address:
City: State: Zip Code:
Public Water Supply Name:
Facility Number:
Contact Person:
Name: Phone:

Date Collected:
Sample Collector:
Sample Purpose: <input type="radio"/> Routine <input type="radio"/> Replacement <input type="radio"/> Boil Order <input type="radio"/> Other _____ <input type="radio"/> New Construction – Permit No. _____ FY _____ <input type="radio"/> Repeat: Orig. Sample Lab No. _____ Original Lab ID: IL _____

Bottle No.	Sampling Site Number	Sample Location / address	Time Collected	Res Cl		Col Read	Total Coli	E. Coli	Opin	Laboratory Number	Job No.
				Free	Total						

Method: Colilert Membrane Filter

Date & Time Ran: _____

Reported By: _____ Date: _____

Person Notified: _____ Date: _____

No. of Bottles Sent: _____ Date Sent: _____