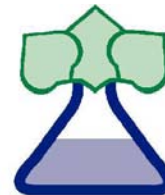


Olsen's Agricultural Laboratory, Inc.

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 Office: 308-345-3670 / FAX: 308-345-7880
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Coliform Bacteria Sample Submittal Form

Account Number, Name & Address	Bill To
	Extra Copies To
	e-Mail (PDF) Copies To
	e-Mail Address
	FAX To
	FAX No.

Name of Person Collecting Sample _____

Daytime Telephone Number _____

Month Sampled _____ Date Sampled _____ Time Sampled _____

Sample Site Address/POE _____

Residual Chlorine _____ (if required)

Field pH _____ (if required)

Type of Sample (please check)

- _____ Routine
- _____ Repeat
- _____ Replacement
- _____ Special

Compliance Sample (please check)

- _____ Yes
- _____ No

If this is a repeat sample, the original sample lab number was _____

If this is a repeat sample, the location is (please check)

- _____ Original Location
- _____ Other Location
- _____ Near 1st Location
- _____ Upstream
- _____ Downstream

LAB TEST CODE	Request Sample Supplies	LAB USE ONLY
X Total Coliform and E. Coli Bacteria (Method 9223 B)	Quantity _____ Item _____	Time _____ ARS
	_____ Water Sample Kit	Received _____ MRL
		Time _____ None
		Started _____

PLEASE SUBMIT WHITE COPY WITH SAMPLES AND RETAIN PINK COPY FOR YOUR FILES