

Farm Water Sample Result Record

TO BE COMPLETED AND SUBMITTED BY LABORATORY PERSONNEL

Fax or email this form within 24 hours: 651-201-6116 or email Dairy.Results@state.mn.us

Name of Plant

Plant Number

Name of Laboratory

IMS or EPA Number

Name of Laboratory Personnel Submitting Results

Test Performed

Colilert

Colisure

E*Colite

MPN

Other

Patron Name <i>(Full Name Required)</i>	Patron No.	Well ID	Date of Sample Collection	Test Result	Pass	Fail
				Coliform E. coli		
				Coliform E. coli		
				Coliform E. coli		
				Coliform E. coli		
				Coliform E. coli		

This is a reporting form only, detailed records of analysis are to be maintained at the laboratory.

For questions regarding this form, please contact your Laboratory Evaluation Officer.