

**HOLMES
LABORATORY, INC.**

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**EPA Water Bacteria
Information Sheet**

(This must be completed for an EPA Certified Analysis)

(PLEASE PRINT)

(CERTIFIED MICRO. LAB# 1094)

Office use only:

Lab.No: _____ Client: _____

Report to Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Phone: _____ Fax: _____

PLEASE

SEND RESULTS BY:

Reg. Mail: _____

E-mail: _____

Fax: _____

Private Water _____ (Not Reported To EPA)

Public Water _____ (See Bottom Of Page)

Water Supply Sample Information

Name: _____

County: _____

Date Collected: _____ mm/dd/yyyy

Time Collected: _____ hh:mm am/pm

Name of Collector: _____

Collectors' Phone #: _____

Sample Tap ID: _____

Tap Address: _____

City: _____ State: _____ Zip: _____

Payment Information:

Payable to Holmes Lab., Inc.

___ Cash ___ Check, # _____

Credit Card:

___ VISA ___ MC ___ Dis. ___ AMX

Exp. Date: _____

Amount: \$ _____

Please Complete For Public Water Systems

PWS ID

Number: _____

Sample Type:

Routine (Compliance)

Special (Not Reported to EPA)

Repeat (Original Positive Sample # _____)