

HOLMES LABORATORY, INC.

3559 US RT. 62
MILLERSBURG, OH 44654

330-893-2933 * 330-893-1326

www.holmeslab.com * testing@holmeslab.com

Office Use Only:

Lab No. _____ Account #: _____

EPA Water Bacteria Information Sheet

(This must be completed for an
EPA Certified Analysis)

(PLEASE PRINT)

(CERTIFIED MICRO. LAB# 1094)

Send Results to Name: _____

Address: _____

City: _____ St: _____ Zip: _____

E-mail: _____

Phone: _____ Fax: _____

PLEASE

SEND RESULTS BY:

Reg. Mail: _____

Fax: _____

E-mail: _____

Private Well: _____ (Not Reported To EPA)

Public Well: _____ (See Bottom Of Page)

Supply Name: _____

(Example: Well, Spring, Your Name)

County: _____

Date Collected: _____ mm/dd/yyyy

Time Collected: _____ hh:mm am/pm

Name of Collector: _____

Collector's Phone # _____

Tap Location: _____

(Example: Bathroom Sink, Pressure Tank)

Tap Address: _____

City: _____ St. _____ Zip: _____

Payment Information:

Payable to Holmes Lab., Inc.

Cash: _____ Check # _____

Credit Card:

VISA _____ MC _____ DISC. _____ AMX. _____

Exp. Date: _____

Amount: \$ _____

Lab Use Only:

Received Date: _____

Analysis Start:

Date: _____

Time: _____

Analysis End:

Date: _____

Time: _____

Method Code: 9223B-PA

Analyst #: _____

Please Complete For Public Water

PWS ID Number: OH _____

Routine (Compliance)

Repeat (Original Positive Sample # _____)