



# EPA Water Bacteria Information Sheet

## Laboratory Information

Edenridge Labs, Ltd.	Lab No: _____
3559 US RT. 62, Millersburg, OH 44654	Account #: _____
Phone: 330-893-2933   Fax: 330-893-8177	
Website: www.holmeslab.com	Email: results@edenridgelabs.life

## Client Information

Send Results To Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Water Source

Private (Not Reported to EPA)  Public (See bottom of page)  
 Supply Name: \_\_\_\_\_ (Example: Well, Spring, Your Name)  
 County: \_\_\_\_\_  
 Date Collected: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Collected: \_\_\_\_\_ : \_\_\_\_\_  AM  PM  
 Name of Collector: \_\_\_\_\_  
 Collector's Phone #: \_\_\_\_\_  
 Tap Location: \_\_\_\_\_ (Example: Bathroom Sink, Pressure Tank)  
 Tap Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Public Water Systems (Complete if Applicable)

PWS ID Number: OH \_\_\_\_\_  
 Routine (Compliance)  
 Repeat (Original Positive Sample #): \_\_\_\_\_

## Delivery of Results

Regular Mail  Fax  Email

## Payment Information

Cash  Check #: \_\_\_\_\_  
 Credit Card: VISA  MC  DISC  AMEX   
 Card #: \_\_\_\_\_  
 Exp. Date: \_\_\_\_ / \_\_\_\_  
 Analysis Fees: Monday – Thursday: \$55.00 | Friday: \$100.00

## Laboratory Use Only

Received Date: _____	Method Code: 9223B-PA
Analysis Start: Date: _____ Time: _____	Analyst #: _____
Analysis End: Date: _____ Time: _____	