



Form 230C WATER POTABILITY SAMPLING AND TESTING v. 041818

COMPANY NAME: _____

PO: _____ DATE OF COLLECTION: _____

FML NUMBER <i>(internal use only)</i>	LOCATION OF WATER SOURCE	TIME COLLECTED

Routine testing to include heterotrophic plate count and coliforms.
E. coli may be added upon request.

REQUIRED SIGNATURES

COLLECTOR: _____
PRINT NAME SIGNATURE

COURIER: _____
PRINT NAME SIGNATURE

CUSTOMER RELEASE: _____
SIGNATURE DATE

HOLDING TIME TO BE LESS THAN 24 HOURS - document time of receipt to lab

LABORATORY USE ONLY	
<i>Received by:</i>	<i>Temperature:</i>
<i>Time:</i>	<i>Date:</i>
<i>Condition:</i>	