

BELMONT LABS

Central District Office
50 W Town St
Columbus, Ohio 43215
(614)728-3778 Fax (614)728-0160

Northwest District Office
347 North Dunbridge Road
Bowling Green, Ohio 43402
(419)352-8461 Fax (419)352-8468

Southwest District Office
401 East Fifth Street
Dayton, Ohio 45402-2911
(937)285-6357 Fax (937)285-6249

Northeast District Office
2110 East Aurora Road
Twinsburg, Ohio 44087
(330)963-1200 Fax (330)963-4760

Southeast District Office
2195 Front Street
Logan, Ohio 43138
(740)385-8501 Fax (740)385-6490

PUBLIC WATER SYSTEM INFORMATION:

PWS ID: OH _____
PWS Name: _____
Address: _____
City, State, Zip: _____
County: _____

LABORATORY INFORMATION:

Reporting Lab Name: Belmont Labs
Reporting Lab Certification No.: 872
Lab Sample Number: _____

SAMPLE INFORMATION

Sample Type:
 -- Routine (compliance)
 -- Repeat (confirm positive sample compliance)
Original Routine Positive Sample # _____
 -- Special (not for compliance)
Sample Collection Date: _____
mm/dd/yyyy
Sample Collection Time: _____
hh:mm am/pm
Sample Collector Name: _____
Sample Collector Phone: _____
Street Address and Tap Location: _____

Free Chlorine Residual: _____
Total Chlorine Residual: _____

COMMENTS:

SAMPLE RESULTS

Analyte	Absent/ Negative	Present/ Positive	Analysis start date/time	Analysis end date/time	Analytical Lab ID#	Analyst #	Method Used
Total Coliform (3100)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	872	_____	MMO-MUG
E.Coli. (3014)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	872	_____	MMO-MUG
Fecal Coliform (3013)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	872	_____	MMO-MUG

Data Quality Results:

-- Instrument Failure -- Requester cancelled -- Water System requested
 -- Lab not certified -- Other (Comments) -- Lab error

Sample Received in the Lab By: _____ Date: _____ Time: _____