



micro air, inc.

6320 La Pas Trail, Indianapolis, IN 46268
317-293-1533 • www.microair.com

Lab Number _____

Date Received _____

Time Received _____

Analyst _____

Time Incubated _____

(Please Print Neatly)

Drinking Water Sample Submission Form

Client Information			
Customer/Company Name:		Phone:	
Report Attention:		Email:	
Address:		City:	State: Zip:
Payment Type (Circle): Cash Credit Card Check (# _____) Invoice (PO# _____) Amount: \$ _____ <small>(Established Customers Only)</small>			

Sample Information			
Address Tested:		City:	State: Zip:
Sample Collected By:		Date Collected:	Time Collected:
Location Tested: <small>(Ex. Kitchen Sink, Outside Spigot, etc.)</small>			

Analysis Requested			
Total Coliform/ <i>E. coli</i> by Presence/Absence <input type="checkbox"/>		Total Coliform/ <i>E. coli</i> by Quantification <input type="checkbox"/>	
Lead <input type="checkbox"/>	Nitrate <input type="checkbox"/>	Nitrite <input type="checkbox"/>	Other: _____

Results (To Be Completed by Laboratory)			
Test: Total Coliform		Test: <i>E. coli</i>	
Method: <input type="checkbox"/> MMO-MUG P/A <input type="checkbox"/> MMO-MUG QT		Method: <input type="checkbox"/> MMO-MUG P/A <input type="checkbox"/> MMO-MUG QT	
Result: Present: <input type="checkbox"/> MPN _____/100mL Absent: <input type="checkbox"/>		Result: Present: <input type="checkbox"/> MPN _____/100mL Absent: <input type="checkbox"/>	
Analyst: _____ Date: _____ Time: _____		Analyst: _____ Date: _____ Time: _____	

Result Status:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Follow-up Action is Required (see below):
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<p>Micro Air, Inc. is a state certified drinking water laboratory, # M-49-5. Samples were analyzed according to EPA Approved MMO-MUG Presence/Absence or Quanti-Tray Test Procedure for drinking water. Micro Air, Inc.'s laboratory is in compliance with the quality assurance as specified by the method.</p> <p>This report may not be reproduced, except in full, without written approval from Micro Air, Inc., and only relates to the items tested.</p>	<input type="checkbox"/> Submit Repeat Sample (as required under 327 IAC 8-2-9.1) <input type="checkbox"/> Sample was Rejected Because: <input type="checkbox"/> Too long in transit <input type="checkbox"/> Invalid or no collection date and/or time <input type="checkbox"/> Sample leaked or broken in shipment <input type="checkbox"/> Insufficient volume <input type="checkbox"/> Residual chlorine present <input type="checkbox"/> High background count <input type="checkbox"/> Other _____
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