

LAB 507
REV. 7-02

Kentucky Public Health Laboratory
100 Sower Blvd., North Loading Dock,
PO Box 2020
Frankfort, Kentucky 40602-2020

Phone: 502/ 564-4446 Fax: 502/ 564-7019

(Please complete a separate form for each sample. Yellow copy may be retained by the submitter.)

**Water Bacteriology
Analysis Report**

Authorized Collector: _____

Collectors Phone #: _____ Sanitarian Number: _____

Collection Date: _____ Collection Time: _____

Occupant or Owner: _____

Request Identifying No.: _____ Site No.: _____

Sample No.: _____ Sample Seq. No.: _____

County: _____

Submitter *(Use LHN Site#)*: _____

Drinking Water Recreational Waters Spas/Therapeutic Pools

Check if sample from a Semi-Public or Public drinking water source

Chlorine Residual: Total _____ ppm/Free _____ ppm. pH of Sample _____ Temp: _____
*(Semi-Public and Public water samples **must** be accompanied by a completed Natural Resources Form #DEP4008)*

Check here if accompanied by Chain-of-custody form

Collector's Remarks:

Laboratory Findings:

Date & Time Received	Laboratory Number	Date & Time Reported	Technologist
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