

GAP WATER SAMPLE SUBMISSION FORM

Total Coliform and E. coli Testing for Farm Food Safety



Name _____ Account # _____

Company _____

Address _____

City _____ State _____ ZIP _____

Email _____ Phone # _____

Email report only: Check this box and record your email address if you would prefer to have your report send to you by email rather than USPS mail. Emailed reports are received by 2-3 days earlier than mailed reports.

Analysis Request

TEST PACKAGES

Total Coliform and E. coli Test for Farm Food Safety \$33.00

Sample Information (Date and time sampled must be completed)

| ID | DATE SAMPLED | TIME SAMPLED | | WATER SOURCE | | | |
|----|--------------|--------------|----|-------------------------|--------|-----------|--------|
| | | AM | PM | Well | Spring | Pond/Lake | Stream |
| 1 | | | | Well | Spring | Pond/Lake | Stream |
| | | | | Other (please specify): | | | |
| 2 | | | | Well | Spring | Pond/Lake | Stream |
| | | | | Other (please specify): | | | |
| 3 | | | | Well | Spring | Pond/Lake | Stream |
| | | | | Other (please specify): | | | |
| 4 | | | | Well | Spring | Pond/Lake | Stream |
| | | | | Other (please specify): | | | |
| 5 | | | | Well | Spring | Pond/Lake | Stream |
| | | | | Other (please specify): | | | |
| 6 | | | | Well | Spring | Pond/Lake | Stream |
| | | | | Other (please specify): | | | |
| 7 | | | | Well | Spring | Pond/Lake | Stream |
| | | | | Other (please specify): | | | |
| 8 | | | | Well | Spring | Pond/Lake | Stream |
| | | | | Other (please specify): | | | |
| 9 | | | | Well | Spring | Pond/Lake | Stream |
| | | | | Other (please specify): | | | |
| 10 | | | | Well | Spring | Pond/Lake | Stream |
| | | | | Other (please specify): | | | |
| 11 | | | | Well | Spring | Pond/Lake | Stream |
| | | | | Other (please specify): | | | |
| 12 | | | | Well | Spring | Pond/Lake | Stream |
| | | | | Other (please specify): | | | |

Sample Information (Date and time sampled must be completed)

| | ID | DATE SAMPLED | TIME SAMPLED | | WATER SOURCE | | | |
|----|----|--------------|--------------|----|--|--------|-----------|--------|
| 13 | | | AM | PM | Well Other <i>(please specify):</i> | Spring | Pond/Lake | Stream |
| 14 | | | AM | PM | Well Other <i>(please specify):</i> | Spring | Pond/Lake | Stream |
| 15 | | | AM | PM | Well Other <i>(please specify):</i> | Spring | Pond/Lake | Stream |
| 16 | | | AM | PM | Well Other <i>(please specify):</i> | Spring | Pond/Lake | Stream |
| 17 | | | AM | PM | Well Other <i>(please specify):</i> | Spring | Pond/Lake | Stream |
| 18 | | | AM | PM | Well Other <i>(please specify):</i> | Spring | Pond/Lake | Stream |
| 19 | | | AM | PM | Well Other <i>(please specify):</i> | Spring | Pond/Lake | Stream |
| 20 | | | AM | PM | Well Other <i>(please specify):</i> | Spring | Pond/Lake | Stream |
| 21 | | | AM | PM | Well Other <i>(please specify):</i> | Spring | Pond/Lake | Stream |
| 22 | | | AM | PM | Well Other <i>(please specify):</i> | Spring | Pond/Lake | Stream |
| 23 | | | AM | PM | Well Other <i>(please specify):</i> | Spring | Pond/Lake | Stream |
| 24 | | | AM | PM | Well Other <i>(please specify):</i> | Spring | Pond/Lake | Stream |
| 25 | | | AM | PM | Well Other <i>(please specify):</i> | Spring | Pond/Lake | Stream |