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GAP Program Water Microbacteriological Analysis

Lab Use Only	
Date Received:	05/10/23
Time Received:	
Analyst:	
Report Date:	

Client	
Name:	
Address:	
City, State, Zip:	
Phone:	

Contact	
Name:	
Address:	
City, State, Zip:	
Phone:	

Email:

Sample Information					Analysis Results					
Sample Collection			*P=Potable	Identification	Analysis		(-) = absent, (+) = present		MPN /100 ml	
Date	Time	By	*I=Irrigation	Name or Location	Date	Lab # (146)	Total Coliform	Ecoli	Total Coliform	Ecoli
1										
2										
3										
4										
5										
6										
7										
8										
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