



Microbiological Sample Submission Report (SSR)

Water System Information

District office: Northwest, Bowling Green
 PWS name: Air Haven Apartments M
 PWS ID number: 630112
 Address: _____

 City: _____
 State: _____ Zip: _____ - _____
 County: _____

 First Last
 Contact's name: _____
 Contact's phone: () _____ - _____
 Sample Monitoring Point: 1500

Laboratory Information

Reporting Lab Name Brookside Laboratories
 Reporting Lab Certification No: 4063
 Analytical Lab Name Brookside Laboratories, Inc.
 Analytical Lab Certification No. 840
 Sample Number: 404040

Sample Information

Date collected: 04/04/2000 Time collected: 13:17
 Collector's name: Timely Sturwold
 Collector's phone number: (419) 753-2448
 Sample class: Routine Repeat Special Raw
 Repeat sample for sample number: _____
 Tap address: 308 S. Main Street
 Sample tap: Mens RR Sink

Analytical Information

Method used: MMO-MUG-SM 9223 Other result: _____
 Analyst number: 2206 Comments: _____
 Analysis date: 04/04/2000
 Analysis time: 16:04
 Total Coliform result: Negative
 Fecal Coliform result: Positive Negative No Value
 E Coli results: Positive Negative No Value
 LTB 24 Positive Negative No Value
 LTB 48 Positive Negative No Value
 BGB 24 Positive Negative No Value
 BGB 48 Positive Negative No Value