

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.

Sample Information (Date and time sampled must be completed)

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

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Sample Information (Date and time sampled must be completed)

	ID	DATE SAMPLED	TIME SAMPLED		WATER SOURCE			
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

Analysis Request

TEST PACKAGES

Total Coliform and E. coli Test for Farm Food Safety \$30.00