



# Request for Laboratory Certification for Microbiological Analysis of Public Water Supplies and Their Sources

Name of Laboratory: \_\_\_\_\_

Located at \_\_\_\_\_  
(Number and Street) (City) (State) (ZIP Code)

Mailing Address  
 (if different than above) \_\_\_\_\_  
(Number and Street) (City) (State) (ZIP Code)

Telephone: \_\_\_\_\_ Extension: \_\_\_\_\_ e-mail \_\_\_\_\_  
(Area Code) (Number)

Type of Laboratory     Utility     Local Health Department     State Agency     Commercial

If Commercial, Name of Owner(s): \_\_\_\_\_

Analyst Name (List Supervisor First)	Indicate Procedures for Which Each Analyst is Seeking Certification									

Laboratory Procedure Codes	
<b>1. Standard Plate Count</b>	<b>4. Enzyme Substrate</b>
1.a Heterotrophic Plate Count	4.a Colilert 18
1.b Simplate	4.b Colilert 24
<b>2. Membrane Filter</b>	4.c Modified Colitag
2.a Membrane Filter Procedure for Total Coliform with EC Medium + MUG Verification	4.d Ready-Cult
2.b Membrane Filter Procedure for Fecal Coliform	4.e E. Colite
<b>3. Multiple Tube Fermentation</b>	4.f Colisure
3.a Multiple Tube Fermentation Procedure for Total Coliform EC Medium + MUG Verification	4.g TECTA
3.b Multiple Tube Fermentation Procedure for Fecal Coliform	<b>5. MPN</b>
	5.a Colilert 18 Quantitray MPN
	5.b Colilert 24 Quantitray MPN

Signature: \_\_\_\_\_

Date: \_\_\_\_\_