

Laboratory: Adams Water Laboratory, Inc.

Ohio EPA Certification # 820

### ODH Microbiological Sample Report For Private Water Systems

<u>GANT Realty</u> Private Water Supply or Resident's Name		
<u>4-18-24</u> Date Collected	<u>7:57 AM</u> Time Collected	<u>Wayne</u> County Water Supply is Located In
<u>PR-TANK</u> Sample Tap Location	<u>6543 Chestnut Ridge Dr</u> Address of Sample Tap	<u>Wooster 44691</u> City and Zip Code
<u>Bob Yoder</u> Name of Person Collecting Sample		<u>330 262-5301</u> Contact Phone Number

**Sample Type:**  New Construction  Replacement  Alteration  Point of Sale  Other: \_\_\_\_\_

Softener  Yes  No    If Yes - Bypassed  Yes  No

Repeat Sample Following a Positive    Repeat for Sample Number \_\_\_\_\_

Private Water Well - No Continuous Disinfection (requires total coliform count for a repeat sample)

Private Water Systems Requiring Continuous Disinfection or a Disinfectant Residual - TC report presence/absence:

Hauled Water Tank     Cistern     Spring     Pond     Well with Continuous Disinfection

Owner or Purveyor to Receive Results	
Name _____	
Address _____	
City, State, Zip Code _____	
Phone Number _____	Fax Number _____

Agency Collecting Sample	
<input type="checkbox"/> Bill Results - Business ONLY	
Frontz Drilling, Inc.	
Name _____	
2031 Millersburg Road	
Address _____	
Wooster, OH 44691	
City, State, Zip Code _____	
330 262-5301	330 264-7242
Phone Number _____	Fax Number _____

**TEST REQUIRED:**  MMO-MUG presence/absence     MMO-MUG enumeration     Membrane Filter enumeration

<b>LABORATORY FINDINGS:</b>	
Analytical Method: <input checked="" type="checkbox"/> Quanti-Tray	If Quanti-Tray or Quanti-Tray 2000 is marked, mark one of the following also:
<input type="checkbox"/> Quanti-Tray 2000	<input type="checkbox"/> Colilert <input checked="" type="checkbox"/> Colilert 18 <input type="checkbox"/> Colisure
<input type="checkbox"/> MMO-MUG	
<input type="checkbox"/> Membrane Filter	
<input type="checkbox"/> Negative Total Coliform	
<input type="checkbox"/> Positive MPN Value: <u>0</u> / 100 mL	Sample Number: <u>184027</u>
MF CFUs: _____ / 100 mL	Date Received: <u>APR 19 2024</u>
<input type="checkbox"/> E. coli Negative	Time Received: <u>1055</u>
<input type="checkbox"/> E. coli Positive MPN Value: <u>0</u> / 100 mL	Analyst Name: <input checked="" type="checkbox"/> S. Adams <input type="checkbox"/> K. Smith <input type="checkbox"/> J. Moritz
Of 51 Total Wells, _____ Were Positive for Total Coliform.	Of 51 Total Wells, _____ Were Positive for E. coli.
Sample Not Analyzed: _____	Date Reported: <u>APR 20 2024</u>
Adams Water Laboratory, Inc. 912 East Tallmadge Avenue Akron, OH 44310 330.633.3991	

All data above the dotted line MUST be filled out when the sample is submitted to the laboratory.