



Dr. Susan Watkins Water Quality Laboratory 1260 West Maple Fayetteville, AR 72701

Sample Submission Form

Date collected: _____

Date shipped: _____ (Samples should be shipped overnight on ice)

Farm Name: _____

Sample ID (i.e., barn #, sample location): _____

Contract Company: _____

Tests Requested

Aerobic Plate Count _____

E. coli/coliforms _____

Yeasts and Molds _____

Minerals _____

Send Results and Billing To:

Name: _____

Address: _____

E-mail: _____

Phone: _____