



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)

Contract Company: _____

Farm Name: _____ Service Tech: _____

Water Source/Sample ID: _____

Concerns that prompted Initial Testing:

Tests Requested

For Drips/Source -

For Swabs -

APC: ___ Y&M: ___

APC: ___ Y&M: ___

Coli: ___ Minerals: ___

Coli: ___

Further Testing/Diagnostic Analysis: _____.

Send Results and Billing To:

Name: _____

Phone: _____

Address: _____

E-mail: _____

_____.