Bacteriological Testing Form

St. Joseph Water Plant
Michael O'Malley Superintendent
700 Broad Street
St. Joseph, MI. 49085-1276
(269) 983-1240 fax (269) 982-1089
E-Mail OMalley@sjcity.com

Project Name: _____

Location: _____

Township/City of _____

Contractor Name: _____

Address: _____

Phone: _____ **Fax:** _____

E-mail: _____

Representative Name: _____**Cell-phone:** _____

Number of Sample sites: ***_____Number of Chlorine injection points:** _____*

*A single-page plans view of the system; sampling points; injection points; flushing points; ect. Must be included with this form.

Test Date: _____**Test Time:** _____ **Round 1 or 2**

Site #	Chlorine Residual	Brief description of location. Is this an injection point? Is this a flush point?

Preparer's Signature _____ Date: _____