MSAD 54 CANAAN ELEMENTARY SCHOOL
196 WEST FRONT STREET
BROWN, JESSICA R
SKOWHEGAN, ME 04976

TG 2610129
156

This kit expires on: 7/20/2027

THIS FORM IS TO BE USED
FOR COMPLIANCE WATER SAMPLES ONLY

TEMP (lab use only): 11.7 °C Date & Time Received: JUL 30 2026 AM 8:30
Samples acceptable upon receipt: Yes ☑ No ☐ Initials: PG

MAINE DRINKING WATER PROGRAM (MDWP)
WATER TEST FOR: TOTAL COLIFORM *(Escherichia coli (E.coli)* BACTERIA

CHECK THE OPTION(S) AND PROVIDE ADDRESS BELOW:
☐ ADDRESS CHANGE:
☐ SEND ADDITIONAL COPY TO:

LABORATORY INFORMATION:

MAINE HEALTH AND ENVIRONMENTAL TESTING LABORATORY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
47 INDEPENDENCE DRIVE, AUGUSTA, MAINE 04330
GREENLAW BUILDING
TELEPHONE NO: 207-287-1717

STEP 1 Follow the instructions for collecting the sample(s) on the back of this form.
STEP 2 Fill in all the information below for the sample(s).
STEP 3 SIGN the form.
IMPORTANT! The sample(s) will automatically be rejected if all the sampling information is not provided, and this form is not signed.

INFORMATION IS REQUIRED for EACH BOTTLE in the ANALYTICAL TEST KIT:

BOTTLE NUMBER	Sampling Location(s), in accordance with MDWP approved Bacteria Sampling Site Plan. (This needs to be entered by sampler each time.)	Date Sample Collected (MM/DD/YY)	Time Sample Collected	Does system water contain chlorine? (Please circle one)	CL2 RESIDUAL (IF REQUIRED) FREE	CL2 RESIDUAL (IF REQUIRED) TOTAL	Sampler's Initials
1	Kitchen hand wash sink	7/29/26	8:30 (AM) / PM	YES / (NO)			JB
2			AM / PM	YES / NO			
3			AM / PM	YES / NO			
4			AM / PM	YES / NO			
5			AM / PM	YES / NO			
6			AM / PM	YES / NO			
7			AM / PM	YES / NO			
8			AM / PM	YES / NO			
9			AM / PM	YES / NO			
10			AM / PM	YES / NO			

Town where sample was collected (if different from label) _____ **Comments:** _____

I certify that I collected this sample (s) at the location, date, and time indicated above, and that I collected the sample(s) in accordance with the sampling directions provided.

Signature:	Print Name for Data Entry at Lab	Telephone:
Jessica Brown	Jessica Brown	207-612-1050