Natural Swimming Area
Monthly *E. coli* Reporting Form

Please submit this form to the Division via email no later than the 15th day of the month following the monitoring period. If submitting multiple pages, please note the page numbers in the bottom right corner.

Name of natural swimming area: _____

Sample Location	Date Collected	*E. coli* result (# col/100 ml)

_____ _____ _____

Reviewed and Approved by *Title* *Date*

Please email this form to: mandy.mercer@state.co.us

If you are unable to submit your date electronically, please mail this form to:

Colorado Department of Public Health and Environment

WQCD-CWE-B2, Attn: Mandy Mercer

4300 Cherry Creek Drive South, Denver, CO 80246-1530

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