

INSTRUCTIONS REVERSE SIDE.

Water System Name		PWS ID No.	
Collector	Date Collected	County	
Person Transporting Sample to Lab			
Condition of Transport		Report Results To:	
<input type="checkbox"/> Cooled	<input type="checkbox"/> Carrier		
<input type="checkbox"/> Mail	<input type="checkbox"/> Other		
Name			
Address			
City	State	Zip Code	
Phone Number			

COLIFORM BACTERIA ANALYSIS REPORT
CONTAMINANT ID # 3100
 Certification ID 00965

Public Drinking Water System
 Compliance Sample Yes No

Private Drinking Water

Shaded areas must be fully filled out or samples will not be run. Private samples need not have PWS# or chlorine residual. Clear areas are for lab use only.
Your sample will be analyzed for TOTAL COLIFORMS unless you specify another analysis under Remarks.
 For PWS only, if this is a repeat sample, mark the date of the **ORIGINAL POSITIVE SAMPLE.**

R E S U L T S

Payment

Bill

Prepaid

Payment received with Sample: Receipt # _____

LABORATORY Sample Number (LAB USE ONLY)	Sample Type Code	Sample Location	Time Collected	Chlorine Residual PPM Total Free	Date of Original Positive Sample	TOTAL COLIFORMS		FECAL COLIFORMS		ESCHERICHIA COLI	
						Method Code	(P)resent (A)bsent #100ml	Method Code	(P)resent (A)bsent #100ml	Method Code	(P)resent (A)bsent #100ml

Sample Type codes: RS - Routine Sample, RP - Repeat Sample (At original tap), X - Other Repeat, U - Upstream Repeat, W - Untreated (source), D - Downstream Repeat, C - Construction/Special, E - Enforcement (chain of custody required)

Chain-of-Custody Information

Relinquished by:	Date:	Time:	Received by:	Received by:	Relinquished by:	Date:	Time:	Received by:	Received by:
Relinquished by:	Date:	Time:	Received by:	Received by:	Relinquished by:	Date:	Time:	Received by:	Received by:

DATE/TIME RECEIVED _____ ANALYST _____ REMARKS _____
 DATE/TIME ANALYZED _____ SUPERVISOR _____
 DATE REVIEWED _____



INSTRUCTIONS AND EXPLANATION

COLLECTING THE SAMPLE

1. Select a clean faucet. Avoid collecting from a swivel or hinged faucet as bacteria regrowth may occur in the cracks.
2. Remove all screens or strainers before taking the sample.
3. Allow water to run 3-5 minutes before taking the sample.
4. **Do NOT REMOVE the cap from the bottle until just before taking the sample.** While you are filling the bottle, hold onto the cap so that neither the lip of the bottle or the inside surface of the cap touch anything, especially your fingers. ~~Fill the bottle leaving 1" inch head space~~ to allow for mixing of the sample. If you are using the smaller disposable bottle fill to the 120 ml. volume mark which is the top marking and closest to the lid. This leaves a 1" inch space between the lid and the sample
5. Coliform samples must reach the laboratory within 30 hours.
6. HPC samples must reach the laboratory within 8 hours of collection.
7. Keep the sample cold but do not freeze.
8. Fill out label on bottle.

FILLING OUT THE FORM

Person submitting water sample MUST fill in the shaded area. Failure to provide appropriate information may result in the sample being rejected.

1. **Water System Name.** Name of public water system.
2. **PWS ID No.** Number assigned by the Department of Environmental Quality. Must be included to assure compliance credit.
3. **Collector.** Full name of person collecting sample.
4. **Date Collected.** Include the day, month and year.
5. **County.**
6. **Person transporting sample to laboratory.** Full name.
7. **Condition of transport.** Check appropriate box.
8. **Where the final report is to be sent.**
9. **Phone number.** Record the phone number of the person responsible for the system or the designee.
10. **Sample Type Code.** Select the sample type which applies.
11. **Sampling location.** Indicate specifically where the sample was collected. Multiple samples from different locations may be submitted on one form.
12. **Time collected.** Use military time (24 hour clock) or include a.m. or p.m.
13. **Chlorine residual PPM.** If measured, mark chlorine residual in mg/l, and whether free or total.
14. **Date of original positive sample.**
15. **Analysis Requested.** If other than Total coliform and E. coli, write the name of the test requested in the remarks.
16. **Designate whether the sample is from a Public Water System or a private sample** and if it is a PWS whether it is for compliance by checking the appropriate boxes.

EXPLANATION OF TEST RESULTS

P = bacteria present in the sample

A = bacteria absent from the sample

#/100 = number of bacteria per 100 milliliters of sample

Total Coliforms Present - The sample was contaminated and may contain disease causing organisms.

Total Coliforms Absent - The sample met the standards established by EPA and no total coliform bacteria were found in the sample.

E. coli or Fecal coliform Present - The sample was contaminated by fecal material and is more likely to contain organisms which cause disease.

Water which contains either total or fecal coliform or E. coli should not be used for drinking, personal hygiene or in the preparation of food.

Please contact your local Health District or DEQ office for directions on how to decontaminate the system or well. After decontamination is complete please submit another sample to determine if the water now meets the standards established by EPA.

HPC - Number of colony forming units of bacteria per milliliter of sample.

ANALYTICAL METHODS - Standard Methods . . . 20th ed., 1998

Total Coliform

9221B-10	Multiple Tube Fermentation 10
9221D	Presence-Absence Broth
9223B-PA	Chromogenic/Fluorogenic Substrate
9223B-QT	Chromogenic/Fluorogenic Substrate Quantitray
9223B-10	Chromogenic/Fluorogenic Substrate 10 tube

Fecal Coliform

9221E	EC Broth
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E. coli

9223B-PA	Chromogenic/Fluorogenic Substrate
9223B-QT	Chromogenic/Fluorogenic Substrate Quantitray
9223B-10	Chromogenic/Fluorogenic Substrate 10 tube
9221-PA	Ec Broth + Mug

Heterotrophic Plate Count

9215B	Pour Plate
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Identification

9225C	Differentiation of coliform bacteria
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