

**INSTRUCTIONS REVERSE SIDE.**

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

**COLIFORM BACTERIA ANALYSIS REPORT  
CONTAMINANT ID# 3100  
Certification ID 00965**

<input type="checkbox"/> <b>Public Drinking Water System</b> Compliance Sample <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Private Drinking Water</b>
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*This form must be completely filled out or samples will not be run. Private samples need not have PWS# or chlorine residual.*

*Your sample will be analyzed for TOTAL COLIFORMS and E.coli unless you specify another analysis under Remarks.*

For PWS only, if this is a repeat sample, mark the date of the **ORIGINAL POSITIVE SAMPLE.**



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Payment <input type="checkbox"/> Bill <input type="checkbox"/> Prepaid <input type="checkbox"/> Payment received with Sample: Receipt # _____
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**R E S U L T S**

LABORATORY Sample Number <i>(LAB USE ONLY)</i>	Sample Type Code	Sample Location	Time Collected	Chlorine Residual PPM		Date of Original Positive Sample	TOTAL COLIFORMS		ESCHERICHIA COLI	
				Total	Free		Method Code	(P)resent (A)bsent #100ml	Method Code	(P)resent (A)bsent #100ml
							SM9223B PA Colilert		SM9223B PA Colilert	

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

**Chain-of-Custody Information**

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

DATE/TIME ANALYZED \_\_\_\_\_ ANALYST \_\_\_\_\_ REMARKS \_\_\_\_\_  
 DATE REVIEWED \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

# INSTRUCTIONS AND EXPLANATION

## COLLECTING THE SAMPLE

1. Select a clean faucet. Avoid collecting from a swivel or hinged faucet; bacteria growth may occur in the cracks.
2. Remove all screens or strainers before taking the sample.
3. Allow cold 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 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 to the 120 ml. volume mark which is the top marking and closest to the lid. This leaves a space between the lid and the sample to allow for mixing of sample.
5. Coliform samples must reach the laboratory within 30 hours of collection.
6. Keep the sample cold but do not freeze.
7. Fill out label on bottle.

## FILLING OUT THE FORM

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.** If it is a PWS, indicate 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 Present** - Water which contains 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 meets the standards established by EPA.