

Instructions on Reverse

PWS Name:		PWS #	
Collector:		County:	
Person Transporting Sample to Lab:			
Condition of Transport: Cooled Mail Carrier Other			
Report Results & Invoice To:			
Name:			
Mailing Address:			
City	State:	Zip:	
Email:			
Phone:			

Coliform Bacteria Analysis Report
Contaminant ID # 3100

<input type="checkbox"/> Public Drinking Water System Compliance Sample: Yes No <input type="checkbox"/> Private Drinking Water

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 the Presence of 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 in the space provided.



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 www.svl.net • CDALab@svl.net
Certification ID 00965

\$25 per sample

Payment due with samples unless credit has been established.

- Bill Prepaid
 Credit Cash
 Check # _____ Receipt # _____

RESULTS

Laboratory Sample No. (Lab Use Only)	Sample Type Code*	Sample Location	Date Collected	Time Collected	Chlorine Residual		Date of Original Positive Sample (PWS only)	Total Coliforms		Escherichia coli	
					Total	Free		Method Code	Present Absent #/100mL	Method Code	Present Absent #/100mL
								SM9223B P/A Colilert		SM9223B P/A Colilert	
								SM9223B P/A Colilert		SM9223B P/A Colilert	
								SM9223B P/A Colilert		SM9223B P/A Colilert	
								SM9223B P/A Colilert		SM9223B P/A Colilert	
								SM9223B P/A Colilert		SM9223B P/A Colilert	

*Sample Type Code: **RS** – Routine Sample **RP** – Repeat Sample (At original Tap) **W** – Untreated (Source) **X** – Other
C – Construction/Special **U** – Upstream Repeat **D** – Downstream Repeat **E** – Enforcement (chain of custody required)

Sample Temp: _____

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: _____ **Date Reviewed:** _____ **Remarks:** _____

Analyst: _____ **Supervisor:** _____

Sampling Instructions

1. Select a clean faucet
 - a. Avoid collecting from a swivel or hinged faucet as bacteria growth may occur in the cracks.
2. Remove all screens or strainers before taking the sample.
3. Run cold water for 3-5 minutes before taking the sample.
4. Completely remove the plastic seal from the cap of the bottle
 - a. Do Not Remove the cap from the bottle until just before taking the sample
5. Do not touch the inside of the cap or lip of the bottle to any surface, especially your fingers.
6. Fill the bottle to the 120mL mark (nearest the neck of the bottle).
7. The sample must reach the laboratory within 30 hours of collection
8. Keep the sample cool but do not freeze.
9. Complete the form (grey areas are for laboratory use)
 - a. Sample location, date and time are critical and need to match the sample location date and time recorded on the bottle
 - b. Include a good mailing address
 - c. The hard copy report will be mailed with results within 10 business days of receipt at laboratory
 - d. Include an email address if you wish to have the results emailed as well
 - e. Payment must be included unless credit has been established
 - f. Public Water Systems must include their name, PWS number and note whether the sample is a compliance sample or not
 - g. Private samples do not need to include a chlorine residual or date of original positive sample
 - h. If an analysis other than a Presence/Absence test for Total Coliform and *E. coli* is desired, write the name of the test in the remarks section

Explanation of Results

P = Bacteria **P**resent in the sample

A = Bacteria **A**bsent from the sample

#/100 = number of bacteria per 100mL of sample (applies to Quantitray analysis only)

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 Idaho 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.