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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
/ / Month Day Year	☐ AM _____ : _____ ☐ PM	

Type of Water System (check only one box)

☐ Group A ☐ Group B ☐ Other_____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):

ID# _____ _____ _____ _____ _____ _____

System Name:

Contact Person:

Day Phone: | Cell Phone:

Email:

Send results to: (Print full name, address and zip code)

_____

_____

_____

SAMPLE INFORMATION

Sample collected by (name):

Specific location where sample collected: | Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☐ Routine Distribution Sample

Chlorinated: Yes____ No____

Chlorine Residual: Total____ Free____

2. Repeat Sample (after unsat. routine)

☐ Distribution System

☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)

Unsatisfactory routine lab number:

___ ___ ___ - ___ ___ ___ ___ ___

Unsatisfactory routine collect date:

_____/_____/_____

Chlorinated: Yes____ No____

Chlorine Residual: Total____ Free____

3. Raw Water Source Sample

☐ *E. coli* – GWR source sample

☐ Fecal –Surface, GWI, some springs

☐ Other

S		

Public systems must provide source number from WFI

4. ☐ Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory** Total Coliform Present **and**

☐ *E.coli* present ☐ *E.coli* absent

☐ Fecal coliform present ☐ Fecal coliform absent

☐ **Satisfactory**

Replacement Sample Required:

☐ Sample too old (>30 hours) ☐ TNTC ☐ _____

☐ Improper Container ☐ Turbid culture

Bacterial Density Results: Plate Count_____/ml. *E.coli*_____/100ml.

Total Coliform_____/100ml. Fecal Coliform_____/100ml.

Relinquished by: Date: Time:

Relinquished by: Date: Time:

Date and Time Received:

Date Analyzed: | Date Reported:

Sample Number (DOH number plus five digits) (SPO-112, MOS-125) | Lab Use Only:

___ ___ ___ - ___ ___ ___ ___ ___