

Long Term 2 Enhanced Surface Water Treatment Rule – E. coli Sample Collection And Reporting Form

Sampler(s) Section (For field sampler use only):

Utility Information Public Water System (PWS) Name:			
PWS Identification Number (PWSID):			
PWS Street Address:	City:	State:	Zip Code:

Sample ID (if more than 1 sample is collected, use additional forms)	Date/Time of Sample Collection:	Sample Collection Point Name and Description:	
Sampler(s) signature:		Date signed:	

Laboratory Section (For laboratory use only):

Lab Sample #:

Laboratory Information Laboratory Name: Anatek Labs, Inc. Laboratory ID number ID00013		Telephone Number: 208-883-2839	
Date/Time Sample Received:		Start Date/Time of Sample Analysis:	
Sample Temperature Upon Receipt:		Additional Comments (e.g. sample conditions (intact, cracked, leaking, etc.), if sample rejected- please elaborate here, etc.):	
Analytical Method Type and Number Used SM 9223B Colilert™ Quanti-tray method			
E. coli MPN /100mL Results:			
Analyst(s) Signature:		Date signed:	

Send Copies Of Completed Forms To:

DEPT OF ENVIRONMENTAL QUALITY
1118 F. ST.
LEWISTON, ID 83501