

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(82-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

[INSERT LAB NAME, ADDRESS, & CERTIFICATION NUMBER]

Lab Receipt Date & Time: _____
 Analysis Date & Time: _____
Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice _____ °C
 Disinfectant Check: Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

1 Analysis Requested: (check all that apply)
 Total Coliform/*E. coli* Total Coliform/Fecal Enterococci Coliphage HPC Other: _____

Public Water System (PWS) Name: _____ **2** **PWS I.D.** **3**

PWS Address: _____ **4** **City:** _____ **5**

PWS or PWS Owner's Phone #: _____ **6** **Fax #:** _____

Collector: _____ **7** **Collector's Phone #:** _____ **8**

9 Type of Supply: (check only one)
 Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other: _____

10 Reason for Sampling: (check all that apply)
 Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

Sample Collection Date: _____ **11**

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ²				
						Non-Coliform	Total Coliform	Fecal, <i>E. coli</i> , Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #
12	13	14	15	16						
							17			

Average of disinfectant residuals for distribution routine & repeat samples.⁵ Free chlorine or Total chlorine (circle one).
Disinfectant Residual Analysis Method:
 DPD Colorimetric Other: _____
Person performing disinfectant analysis is (see instructions on reverse):
 A certified operator (# _____) **18**
 Supervised by certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.
 Date and time PWS notified by lab of positive results: _____
 Date and time DEP/DOH notified by lab of positive results: _____
 Date Report Issued: _____
Lab Signature: _____
Title: _____

[INSERT NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT]

DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

¹ For Sample Types see Instructions item I 16.
² For Analysis Methods see Instructions item II 6.
³ Please circle appropriate selection.
⁴ Defined in Florida Administrative Code Rule 62-160, Table 1.
⁵ Complete for community & non-transient non-community systems serving populations up to and including 4,900.
 Do not include raw or plant samples in the average.

PROCEDURE TO COMPLETE BACTERIOLOGICAL ANALYSIS FORM

1. **Analysis Requested:** (please check all that apply, will usually be Total Coliform/E. coli):
2. **Public Water System (PWS) Name:** The name of the water system.
3. **PWS ID Number** 629_____
4. **PWS Address:** The physical location of the water system, not the mailing address
5. **City:** The city that plant is located
6. **PWS or PWS Owner's Phone #** The phone number the water system or water system owner
7. **Collector:** The name of the person taking the sample
8. **Collector's Phone Number:** phone number of person who took sample
9. **Type of Supply:** check the correct box , community water system (year round) non-transient non-community (6 months or more per year) transient non-community (60 days out of the year but less than 6 months) limited use (other public not under Safe Drinking Water Program)
10. **Reason for Sampling** Your monthly or quarterly compliance samples are **Distribution Routine** and the well sample is **Raw (triggered or assessment)**. Raw water samples taken for compliance are now called assessment samples under the Groundwater Rule. For Precautionary Boil Water Notices or any other special sampling, **check Other box** and put reason on line provided.
11. **Sample Collection Date:** The date you took the sample
12. **Sample #** - usually 1, 2, 3 some owners or operators may use the number that correlates to their bacteriological sampling plan
13. **Sample point** This is the actual location of the sample (RAW or WELL , Lot 1, mens restroom, so on)
14. **Sample Collection Time** time sample collected, must be within 30 hours of analysis date
15. **Sample Type** Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Distribution Repeats, R = Raw, N = Entry Point to Distribution, S = Special (boil water notices, line repairs, clearance, etc.). .
16. **Disinfectant Residual**.....Indicate the disinfectant residual in mg/L You should be measuring free chlorine, not total chlorine All community and non-transient non-communities must have this completed or the sample is considered invalid and will be returned..
17. **The right side of the table is completed by the lab. If any Samples are P (present) for Total Coliform call or email our office for directions on resampling. Any E. coli "P" sample results MUST BE called into our office within 24 hours.**
18. All community and non-transient non-communities must have this completed by the person taking the sample and taking the chlorine residuals.