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.