

INSTRUCTIONS REVERSE SIDE

Water System Name		PWS ID No.
Collector	Date Collected	County
Person Transporting Sample to Lab		
Condition of Transport	<input type="checkbox"/> Cooled	<input type="checkbox"/> Carrier
	<input type="checkbox"/> Mail	<input type="checkbox"/> Other
Report Results To:		
Name		
Address		
City	State	Zip Code
Phone Number	Email	

IAS — ENVIROCHEM

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**COLIFORM BACTERIA ANALYSIS REPORT
CONTAMINANT ID# 3100**

<input type="checkbox"/> Public Drinking Water System
<input type="checkbox"/> Private Drinking Water

Shaded areas must be fully filled out or samples will not be run. Private samples need not have pws# or Chlorine residual. Clear areas are for lab use only.

Your sample will be analyzed for TOTAL COLIFORMS unless you specify another analysis under Remarks.

For PWS only, if this is a repeat sample, mark the date of the **ORIGINAL POSITIVE SAMPLE.**

LAB ID # ID00952

REPORT RESULTS TO:

- Dist. 6 Health Dept.
- Dist. 7 Health Dept.
- Denver EPA
- Seattle EPA
- Idaho Falls DEQ
- Pocatello DEQ

PAYMENT:

- No Charge
- Prepaid
- Bill
- Pmt. Rec'd

R E S U L T S

Sample Number	Sample Type Code	Sampling Location	Time Collected	Chlorine Residual PPM	Original Sample Date	TOTAL COLIFORMS		FECAL COLIFORMS		ESCHERICHIA COLI		HPC	
						Method Code	(P)resent (A)bsent #100ml	Method Code	(P)resent (A)bsent #100ml	Method Code	(P)resent (A)bsent #100ml	Method Code	CFU/ml
						SM9223 B PA				SM9223 B PA			
						SM9223 B PA				SM9223 B PA			
						SM9223 B PA				SM9223 B PA			
						SM9223 B PA				SM9223 B PA			
						SM9223 B PA				SM9223 B PA			

Sample Type Codes

S - Routine Sample	U - Upstream Repeat	E - Enforcement (Chain of Custody Required)	W - Untreated (Source)
P - Repeat Sample (At Original Tap)	D - Downstream Repeat	X - Other Repeat	TG - Triggered Source
			C - Construction/Special

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 RECEIVED _____ Temp. °C: _____ REMARKS _____

DATE/TIME ANALYZED _____ ANALYST _____

DATE REVIEWED _____ SUPERVISOR _____

INSTRUCTIONS AND EXPLANATION

COLLECTING THE SAMPLE

1. Select a clean cold water tap faucet. Avoid collecting from a swivel or hinged faucet as bacteria regrowth may occur in the cracks.
2. Remove all screens or strainers before taking the sample.
3. Allow water to run for five minutes before taking the sample.
4. DO NOT REMOVE the cap from the bottle until just before taking the sample. While you are filling the bottle, hold onto the cap so that neither the lip of the bottle or the inside surface of the cap touch anything, especially your fingers. FILL THE BOTTLE LEAVING 1" HEAD SPACE (1" from the top of the sample to the lid to allow room for the sample to be mixed.)
5. Coliform samples must reach the laboratory within 30 hours. Samples older than 30 hours will not be tested in other than exceptional cases and a new sample must be taken.
6. HPC samples must reach the laboratory within 8 hours of collection. Samples older than 8 hours will not be tested in other than exceptional cases.
7. If possible, keep the sample refrigerated or on ice until you turn it over to the lab.
8. Fill out label on bottle.

FILLING OUT THE FORM

Person submitting water sample MUST fill in the grey area. Failure to do so may result in the sample being rejected.

1. **Water System Name.** Name of public water system.
2. **PWS ID No.** Number assigned by Division of environmental Quality Regional Office. Must be included to assure regulatory credit.
3. **Collector.** Full name of person collecting sample.
4. **Date Collected.** Include the day, month and year.
5. **County.**
6. **Person Transporting Sample to Laboratory.** Full name.
7. **Condition of Transport.** Check appropriate box.
8. **Where the Final Report is to be Sent.**
9. **Phone Number.** Record number where person responsible for system or his designee can be reached.
10. **Sample Type Code.** Select the sample type which applies.
11. **Sampling Location.** Indicate specifically where the sample was collected.
12. **Time Collected.** Use military time (24 hour clock) or include a.m. or p.m.
13. **Chlorine Residual PPM.** If measured, mark chlorine residual in mg/l, and whether free or total.
14. **Original Sample Date.** For PWS only, if this is a repeat sample, mark the date of the ORIGINAL POSITIVE SAMPLE.
15. **Analysis Requested.** If other than Total coliform and E. coli, write the name of the test requested in the remarks.

EXPLANATION OF TEST RESULTS

P = bacteria present in the sample

A = bacteria absent from the sample

#/100 ml = number of bacteria per 100 milliliters of sample

Total Coliforms = if these are present, your sample is CONTAMINATED, and may contain disease causing organisms

Fecal Coliforms = if these are present, your sample contains FECAL CONTAMINATION, and is likely to contain disease causing organisms

E. Coli = if these are present, your sample contains RECENT FECAL CONTAMINATION, and may contain organisms which may cause you to become sick

HPC = counts greater than 500 cfu/ml may indicate contamination

For further explanation of these results and corrective actions, please contact your District Health Department or Division of Environmental Quality.

ANALYTICAL METHODS

Total Coliforms

WMF Membrane Filter Technique. Parts 909 and 909A, Standard Methods . . . , 16th ed., 1985.

WMTF Multiple Tube Fermentation. Parts 908, 908A and 908B, Standard Methods . . . , 16th ed., 1985.

WPA Presence Absence. Part 908E, Standard Methods . . . , 16th ed., 1985.

SM 9223B PA MMO-MUG Test. Per 40 CFR 141.21 (f)(3)(iv).

Fecal Coliforms

WMMO 40 CFR 141.21 (F)(5) Swab Procedure.

E. Coli

SM 9223B PA Part of Per 40 CFR 141.21 (f)(3)(iv).

HPC

WHPC Pour plate. Part 907A (R2A agar), Standard Methods . . . , 16th ed., 1985.