

Coliform Analysis Report

NOTE: Bacteriological samples must reach the laboratory within 30 hours of collection

Sample Collectors must complete parts A - K

A. Facility No: _____

F. Sampling Period: _____

B. Facility Name: _____

G. Email Address for Results: _____

C. Surface Supply: Yes No

H. Contact for Unsatisfactory Results:

D. Chlorine Exempt: Yes No

Name: _____

E. Sample Purpose:

Phone: _____

Routine Boil Order New Construction

Email: _____

Other/Permit ID: _____

I. Date Collected: _____

*Repeat: *Replacement

J. Sample Collector: _____

*original lab no: _____

K. Bacteriological Sampling: *fill table below*

*original sample date: _____

| Btl # | Sample site # or Address | Smpl type | Time Coll | Cl Resid | Cl Type | Total Coli | E. Coli | Result | Lab Sample # |
|-------|--------------------------|-----------|-----------|----------|---------|------------|---------|--------|--------------|
| | | | | | T / F | | | | |
| | | | | | T / F | | | | |
| | | | | | T / F | | | | |
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| | | | | | T / F | | | | |
| | | | | | T / F | | | | |
| | | | | | T / F | | | | |
| | | | | | T / F | | | | |

Collector completes columns 1 - 6

LAB USE ONLY

Date Received: _____ Time Received: _____

Reason for Replacement (if applicable):

Received by: _____

>30 Hours Lab Accident Broken

Samples Accepted? Yes No

Insufficient Volume Other: _____

Method: (SM9223B) Colilert-18 Colilert

Reported by Analyst: _____ Date: _____

Sample(s) placed in incubator:

Person Notified (if applicable):

Date: _____ Time: _____ Ints: _____

Name: _____ Date: _____

Sample(s) removed from incubator:

Date: _____ Time: _____ Ints: _____

Comments:

LAB USE ONLY

Note: Bacteriological samples must reach the laboratory in time for analysis to be started within 30 hours of collection.

Information requested (Parts A - K) must be **completed by the sample collector** or other authorized Water Supply personnel as follows:

- A. **Facility No:** this is the EPA ID provided to public water supplies
- B. **Facility Name:** Name of the water facility requesting water analysis
- C. **Surface Supply:** Indicates if the primary source of water is supplied from surface or ground water
- D. **Chlorine Exempt:** Indicates whether the facility is required to record chlorine residual. If Yes, "Cl Resid" can be ignored in Bacteriological Sampling table (Part J).
- E. **Sample Purpose:** fill in the circle next to the type to indicate the following:
 - Routine: Mark if these are your regular monthly samples.
 - Boil Order: Mark for a sample taken following the issuance of a boil order.
 - Other: If your reason is not displayed, choose "Other" and provide the answer on the line provided.
 - *Repeat: Mark for samples submitted following a contaminated sample.
 - *Replacement: Mark for samples submitted to replace samples previously submitted by not analyzed.
 - * *If Repeat or Replacement was chosen, the original lab sample number and sample date must be provided.*
- E. **Sampling Period** - month/ date range for routine samples. Indicated by the EPA, e.g. Jan 1 - Jan 31
- F. **Email Address for Results:** indicates the email address that will receive the analysis results.
- G. **Contact for Unsatisfactory Results:** Name, Phone, and Email provided the samples are rejected prior to analysis or if the results are present for coliform or E. coli.
- H. **Date Collected:** indicates when the samples were taken by the sample collector.
- I. **Sample Collector:** name of individual who collected samples.
- J. Bacteriological Sampling: table that provides information regarding the specific samples collected. Collector must fill out the following information in the table:
 - Btl # - indicates the bottle number that corresponds to the specific sampling location.
 - Sample Site # or Address - Indicates the IL EPA approved Sample site # / Address of the location where the sample was collected. Sample Site Numbers should be provided for all routine samples.
 - Smpl Type - indicates the type of sample/ where it was taken in the system - Raw Water (R), Distribution (D), Finished Water (F).
 - Time Coll - indicates the specific time the sample was collected.
 - Cl Resid - Free or Total Chlorine at the location of sampling.
 - Cl Type - Circle "F" if recording Free chlorine or circle "T" if recording Total Chlorine

The remaining boxes in the Bacteriological Sampling Table are filled by the Lab Analyst:

- Total Coli - P, A, or R will indicate this block
 - P - indicates that total coliform bacteria is present; will require a repeat sample.
 - A - indicates that total coliform bacteria absent
 - R - indicates that the sample was rejected prior to being analyzed; will require a replacement sample.
- E. Coli - If sample was positive for Total Coliform (P), the sample is checked for E. Coli. The box will indicate presence (P) or absence (A).
- Result - Satisfactory (S) or Unsatisfactory (U) determined if the sample was positive for total coliform or E. coli.
- Lab Sample # - unique number assigned to each sample by the laboratory.