

Water Sample For Bacteriologic Examination
Southern Utah University Water Laboratory

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Sampler: Complete the following: Use Ball Point Pen		For Laboratory Use Only		
Community Water Systems Only:		Lab No.	Date	Time
Water System #	Water System Name:		Received	
			Analyzed	
Sample location and sampling point.		Results of Analysis		
Sample Collected by:		Total Coliform (per 100 ml) <input type="checkbox"/> Absent <input type="checkbox"/> Present _____ Count	Fecal or E. Coli (per 100 ml) <input type="checkbox"/> Absent <input type="checkbox"/> Present _____ Count	
Date Collected: _____ Time: (24hr. clock) _____		Interpretation of Results		
Is Sample Chlorinated? <input type="checkbox"/> Yes <input type="checkbox"/> No Residual Conc: _____ (ppm)		A <input type="checkbox"/> Satisfactory (As To Bacteria Count)		
Matrix (Circle One) Drinking Ground Surface Wastewater Pool Other		B <input type="checkbox"/> Unsatisfactory (Total Coliform Positive)		



INSTRUCTIONS:

For routine samples which are total coliform positive (Box “B” in the Interpretation Analysis” section on the front of this form is checked) and for routine samples which are Fecal or E. Coli positive, (Box “C” in the “Interpretation Analysis” section on the front of this form is checked.)

1. Systems must collect the number of repeat sample indicated below for each Total Coliform Positive sample:

Population	Number Repeat Sample
25-1,000	4
Greater than 1,000	3

You MUST indicate the lab number of the original positive sample on each repeat sample form.

2. These repeat samples must be taken within 24 hours from specified location as follows:

1. At the original sample site;
2. Within 4 service connections upstream;
3. Within 5 service connections downstream;
4. From any site mentioned above (if needed).