

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)		
Analysis Method: <input type="checkbox"/> Colilert® <input type="checkbox"/> Quantray®		C <input type="checkbox"/> Unsatisfactory (Total Coliform and Fecal or E. Coli Positive)		
Sample Type: <input type="checkbox"/> Routine Sample <input type="checkbox"/> Repeat Sample <input type="checkbox"/> Triggered Source		See back of form for instructions for unsatisfactory results		
For repeat samples enter ORIGINAL routine sample Lab #: _____ Date: _____		D <input type="checkbox"/> Sample not analyzed for reasons below. .		
<input type="checkbox"/> Investigative Sample		Submit a new sample within 24 hours		
Send Name		Director Approval of Report:		
Report Address				
to: City, State, zip:		Reasons Sample Was Not Analyzed:		
Email: _____ Phone _____		<input type="checkbox"/> Excessive time Elapsed: (must arrive at the lab within 30 hours after collection)		
Bill To: Name		<input type="checkbox"/> Considered too old when no date given		
Address		<input type="checkbox"/> Sample leaked		
City, State, zip:		<input type="checkbox"/> Lab Error		
Remarks:		<input type="checkbox"/> Other		
Relinquished by:		Client T #:	Cost:	
		Received by:		

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).

3. Additional samples are required during the next month. The number of ADDITIONAL samples are as follows:

Population	Normal Routine	Additional
25-1,000	1	4
1,001-2,500	2	3
2,500-3,300	3	2
3,301-4,100	4	1
Greater than 4,100	5 or more	none required

For repeat samples which are Total Coliform Positive (If either Box "B" or Box "C" in the Interpretation of Analysis" section on the front of this form is checked) The following rules for public notice apply.

1. If either the original routine sample or any of the repeat samples are Fecal or E. Coli positive (Box "C" in the "Interpretation of Analysis" section on the front of this form is checked):

An Acute violation has occurred and Public Notice within 72 hours is required.

2. If both the original routine sample and all repeat samples are only Total Coliform Positive. (Box "B" in the "Interpretation of Analysis" section on the front of this form is checked):

A Non-Acute violation has occurred and Public Notice is required within 14 days.