

Water Sample For Bacteriologic Examination
Southern Utah University Water Laboratory

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 Cedar City, UT 84720
 Phone: (435) 586-7914, Fax (435) 865-8051

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:										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> </tr> </table>							<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 20px;">Received</td> <td style="width: 50px; height: 20px;"></td> </tr> <tr> <td style="width: 50px; height: 20px;">Analyzed</td> <td style="width: 50px; height: 20px;"></td> </tr> </table>		Received		Analyzed
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		Reasons Sample Was Not Analyzed:									
to: City, State, zip:		<input type="checkbox"/> Excessive time Elapsed: (must arrive at the lab within 30 hours after collection)									
Email: _____ Phone _____		<input type="checkbox"/> Considered too old when no date given									
Bill To: Name		<input type="checkbox"/> Sample leaked									
Address		<input type="checkbox"/> Lab Error									
City, State, zip:		<input type="checkbox"/> Other									
Remarks:		Client T #:	Cost:								
Relinquished by:		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.