

SEE REVERSE SIDE FOR INSTRUCTIONS

<b>PUBLIC WATER SYSTEM NAME AND ADDRESS</b>			<b>BOTTLE NO.</b>		
SUPPLY NAME			MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY <b>BACTERIOLOGICAL WATER ANALYSIS</b>		
STREET ADDRESS					
CITY					
COUNTY			FREE		TOTAL
			mg/l		mg/l

▲ LAB USE ONLY ▲

COLLECTION POINT				<b>SAMPLE TYPE</b>		REPEAT LOCATION (CHECK ONE)		<b>SAMPLE DATE AND TIME</b>				COLLECTED BY			
				ROUTINE		<input type="checkbox"/> ORIGINAL <input type="checkbox"/> UP <input type="checkbox"/> DOWN		MO		DAY		YR		TIME	
				REPEAT											
				REPLACEMENT											
				SPECIAL											
								<b>ANALYSIS RESULT</b>				<b>LAB USE ONLY</b>			
SAMPLE LOCATION ID				PWS ID											
<b>PLEASE RETURN BOTH COPIES</b>								<input type="checkbox"/> Coliform Absent		<input type="checkbox"/> E. coli Absent					
								<input type="checkbox"/> Coliform Present		<input type="checkbox"/> E. coli Present					
								<input type="checkbox"/> Over 30 Hours; Unsatisfactory						<input type="checkbox"/> _____	

*Please read and follow instructions*  
**WRITE LEGIBLY – IN INK**

Complete name and address for public water supply.

Enter bottle No. from sampling container.

If a chlorinated supply, measure Free and Total Chlorine Residual at collection point and enter amounts in the appropriate space.

**PWS ID NO**

Your 7-digit identification number must be entered to process this sample. It may be found on the address label.

**Sample Location ID**

ID number to identify routine sampling points. Also used to tie repeat samples to the original positive sample. ID number can be up to 10 characters.

**Collection Point**

Give address or name of sample collection point.

**Sample Type**

Check the box that coincides with the type of sample taken.

**Routine** – Regular monthly samples.

**Repeat** – A series of 3 or 4 repeats (4 if you only take 1 routine or less per month) must be taken for each sample that tests positive for coliform. All must be taken on the same day, within 24 hours of being notified of the coliform positive sample. One from the site of the original bad sample, one within 5 service connections upstream and 5 connections downstream. The fourth, if necessary, can be anywhere within the 10 connections.

**Replacement** – All samples with the results too numerous to count (TNTC) or confluent without coliform are invalid and must be replaced with a single sample from the same location within 24 hours of being notified.

**Special** – Any sample that does not count for the record. Such as samples to check disinfection practices on repairs or new constructions.

**Sample Date**

Use 2 digits for month, day and year. April 1, 2002 would be written as 04 01 02.

**Sample Time**

Use 24 hr. clock to record the time sample was collected. Sample taken at 2:30 p.m. would be entered as “1430” or 2:30 plus 12 hours = 1430 hours. Any sample marked before 1200 would be considered collected in the a.m.

**Collected By**

Name of sample collector.

**Daytime Telephone**

Complete day time telephone number for sample collector.