Total Coliform Analysis Of Drinking Water (Present / Absent) Submission Form

Please fill in all of the gray areas. See back for instructions.

☐ **Public Drinking Water System** ☐ **Private Drinking Water**	Public Water System ID Number		
Public Water System Name			PWS Only: If repeat sample date of original positive:
Customer/ Agency Name:			Attention:
Mailing Address:			Phone Number:
City	State	Zip Code	Sample Collected by (if different than above):
Additional report sent to (Name):	Mailing Address :		
City	State	Zip Code	Comments:
Person Transporting Sample to Lab:	Condition of Transport	☐ Cooled ☐ Mail	☐ Carrier ☐ Other_____

State of Idaho
Bureau of Laboratories
2220 Old Penitentiary Rd.
Boise, ID 83712
208-334-2235
EPA Lab No. ID00018

LABORATORY USE		SAMPLE DESCRIPTION			
	Temp On arrival	Sample Type Code	Sample Location	Date/Time Collected	Cl_2 / PPM

Sample Type Codes: RS- Routine Sample RP-Repeat Sample (At original tap) U – Upstream Repeat D – Downstream Repeat X – Other Repeat W- Untreated (source) C – Construction/Special E – Enforcement (chain of custody required)

Chain-of-Custody	Relinquished by:	Date/ Time	Received by	Date/Time	Relinquished by:	Date/Time	Received by:

Samples must reach the laboratory within 30 hours of collection. It is recommended the samples be kept at <10°C while in transit. Please read instructions on back of page before sampling.

Sample Collection

1. Select a clean no mixing faucet which is not swiveled or hinged. Remove any screens or strainer. Allow the water to run until the temperature becomes uniform which usually takes about 3-5 minutes. Reduce the flow to reduce splashing while taking the sample.
2. Remove the shrink wrap from the sample bottles by lifting the red tear strip. The white powder (Sodium Thiosulfate- a harmless chemical at this amount) in the bottom of the bottle will neutralize any chlorine if it is present but does not interfere with the test. **REMOVE THE LID FROM THE BOTTLE IMMEDIATELY BEFORE TAKING THE SAMPLE.** While filling the bottle, hold the lid so that neither the lip of the lid nor the inside surface of the lid touch anything.
3. Fill the bottle to the line nearest the lid, leaving a 1" head space. If you are collecting the sample using a larger bottle make sure to leave the one inch head space also.
4. **Fill in the label** on the bottle in ink to maintain the integrity of the sample should the sample and paper work become separated.

Paper Work (Submission Form)

The person submitting the water sample must legibly fill in the shaded areas of the submission form in ink. Failure to provide complete identification could result in the sample being rejected.

1. Check either the Private Drinking Water box or the Public Drinking Water box. Public drinking water systems supply water to more than 25 people and / or are regulated by DEQ.
2. If this is a sample from a Public Water System (PWS) enter the seven digit identification number assigned by DEQ. If this is a private system skip this box.
3. If you are a PWS enter the name of the public water system. If this is a repeat sample for a PWS please enter the date of the original positive test.
4. If you are a private customer enter your name. If you are submitting the sample from an agency enter the name of the agency.
5. Fill in the name of the person to whom the report is to be sent and the mailing address including the city, state, and zip.
6. **Please enter a contact phone number so we may notify you if there is a problem with your sample.**
7. If you would like an additional copy of the report sent to a regulatory agency or third party enter the name of the person and mailing address where you would like it sent.
8. Fill in the name of the person collecting the sample, the name of the person or company transporting the sample and mark the box with the condition of transport.

Sample Description (Up to five samples may be entered on one submission form. If you have additional samples use another form and list it as page 2.)

9. Select a sample type code from the list immediately under the sample description.
10. Record the sample location or the sample identification which you (the submitter) have assigned.
11. Fill in the date collected and the time collected and chlorine residual if the system is chlorinated. Samples must reach the laboratory within 30 hours of collection. Samples which exceed this holding time will be rejected.

Explanation of Test Results

Total coliform Present: The sample contains total coliform which indicates an increased probability of disease causing organisms being in the sample. Sample does not meet the specification for potable water as established by EPA.

***E. coli* Present:** The sample is contaminated by fecal material and may contain disease causing organisms. Sample does not meet the specification for potable water as established by EPA

Total coliform or *E.coli* Absent: This type or group of bacteria were not found in the sample. Sample meets the specifications for potable water as established by EPA.

* *

Water which contains either total coliform or *E.coli* should not be used for drinking, showering, brushing teeth, or other personal hygiene activities or in the preparation of food. Please contact your local health district or regulatory agency for directions as to how to decontaminate your well. Additional information can be found at:
http://www.healthandwelfare.idaho.gov/Health/EnvironmentalHealth/WellWater/tabid/1128/Default.aspx

Additional sample submission documents may be found at:
http://www.statelab.idaho.gov ; select 'Environmental Analysis'