

SEE REVERSE SIDE FOR INSTRUCTIONS

BOTTLE NO.	
PUBLIC WATER SYSTEM NAME AND ADDRESS	
SUPPLY NAME	
STREET ADDRESS	
CITY	
COUNTY	
CHLORINE RESIDUAL (AT COLLECTION POINT)	
FREE	TOTAL
	mg/l
BACTERIOLOGICAL WATER ANALYSIS	
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY	

▲ LAB USE ONLY ▲

COLLECTION POINT		SAMPLE DATE AND TIME		COLLECTED BY	
ROUTINE		MO	DAY	YR	TIME
		(24 HR-MILITARY TIME)			
REPEAT →		REPEAT LOCATION (CHECK ONE)		DAYTIME PHONE NO.	
REPLACEMENT (FOR OUTDATED/INVALID)		<input type="checkbox"/> ORIGINAL <input type="checkbox"/> UP <input type="checkbox"/> DOWN <input type="checkbox"/> SOURCE or OTHER			
SOURCE/WELL		ANALYSIS RESULT		LAB USE ONLY	
SPECIAL		<input type="checkbox"/> Coliform Absent <input type="checkbox"/> Coliform Present <input type="checkbox"/> Over 30 Hours; Unsatisfactory <input type="checkbox"/> E. coli Absent <input type="checkbox"/> E. coli Present			
PWS ID		M O			
SAMPLE LOCATION ID					
RETURN TOP TWO COPIES					

WRITE LEGIBLY – IN INK

Complete name and address for public water system.

Enter bottle number from container.

If a chlorinated supply, measure **Free** and **Total chlorine residual** at collection point and enter amounts in the appropriate space/s.

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 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 unsafe sample, one within 5 service connections upstream and 5 service connections downstream. (The fourth repeat) If your system is a ground water system without chlorine contact time, one repeat sample must be taken from the source/well.

Replacement - All samples which are not tested because they were invalid/incomplete or outdated or broken must be replaced with a single sample from the same location within 24 hours of being notified.

Source/Well - If your system is a ground water system without chlorine contact time (4 log virus removal), one repeat sample must be taken from the source/well.

Starting Dec. 1st, 2009, if any repeat sample results from the source (well) is positive (e-coli +), the water system must take five repeats from the source (well) within 24 hours.

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

Sample Date

Use 2 digits for month, day and year. April 1, 2009 would be written as 04 01 09..

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 phone number for the sample collector.