

PWS#: 4 1

PWS Name: _____

Address: _____

City, County: _____

Phone: _____ Fax: _____

Return address for report:

Name : _____

Address : _____

City, State, Zip : _____

Bottle#: _____

Results do not meet NELAC Standards-see page 2

Lab Sample ID#: _____

Sample Collection Date/Time: ____/____/____ : ____
Month Day Year Hour Min AM PM

Collected By: _____

Sample Point: _____

Address: _____

Sample Type: Routine *Repeat Special Chlorinated?: No Yes Free Chlorine: ____ mg/L
 Temporary Routine Source Water

*If Repeat, Date of Initial Positive: ____/____/____ *Original Positive ID#: _____
Month Day Year

LAB USE ONLY

Sample Received Date/Time: ____/____/____ : ____
Month Day Year Hour Min AM PM Initials: _____ Temp: ____ °C
 Evidence of cooling? Yes No

Analysis Start Date/Time: ____/____/____ : ____
Month Day Year Hour Min AM PM Initials: _____

ORELAP Method(s): Chromocult® Coliscan® ColiTag® m-ColiBlue® MI agar Readycult®
 Check all that apply. SM 9221 B (MTF) + E or F
 SM 9221 D (P-A M) + E or F SM 19th Ed. SM 20th Ed.
 SM 9222 B (MF) + 9221E or 9221F or 9222G
 SM 9223 Colilert® Colilert-18® Colisure® Other: _____

Test Results:
 Total Coliforms: Present Absent
E. coli: Present Absent

Analysis Complete Date/Time: ____/____/____ : ____
Month Day Year Hour Min AM PM
 Analyst: _____
 Review by: _____
Month Day Year

Reported By: _____

Report Date: ____/____/____
Month Day Year

Sample Invalidation:
 over 30 hours
 leak
 heavy non-coliform growth
 other _____

Test results relate only to the parameters tested and to the samples as received by the laboratory. Test results meet all requirements of NELAC unless otherwise noted. This report shall not be reproduced, except in full, without written consent of this laboratory.

Page 2 (microbiological analysis form)

The results do not meet NELAC Standards because:

- Not received in lab-supplied bottle**
- Not incubated at proper temperature**
- Other** _____

