

# Private Water Supply

| Contact Information      |                 |                 |                 |
|--------------------------|-----------------|-----------------|-----------------|
| Collected By:            |                 | Date Collected: | Time Collected: |
| Received Date:           | Received Temp:  | Examined Time:  | Reported Time:  |
| Name of Owner:           |                 | Address:        |                 |
| Division and Producer #: | Sampling Point: |                 |                 |

| Report Test Results |               |                         |
|---------------------|---------------|-------------------------|
| Name(if different): | Phone Number: | Fax Number:             |
| Email Address:      | Reported By:  | Reported Time and Date: |

| Source of Sample                  |                                       |                                 |                                 |  |  |                                 |
|-----------------------------------|---------------------------------------|---------------------------------|---------------------------------|--|--|---------------------------------|
| <input type="checkbox"/> Dug Well | <input type="checkbox"/> Drilled Well | <input type="checkbox"/> Spring | <input type="checkbox"/> Buried | <input type="checkbox"/> Surface                 | <input type="checkbox"/> Public Supply | <input type="checkbox"/> Other: |
| Additional Description of Source: |                                       |                                 |                                 | Distance from All Possible Sources of Pollution: |  |                                 |

| <input type="checkbox"/> Method 1 - Col / E. col: using Colilert |   |                          |   |            |  |
|--|---|--------------------------|---|------------|--|
| <b>Total Coliform</b>  |   | <b>E. coli</b>           |   | Analyst:   |  |
| < 1/100ml - NF   | <input type="checkbox"/> Satisfactory           | < 1/100ml - NF/absence   | <input type="checkbox"/> Satisfactory   | License #: |  |
| ≥ 1/100ml - POS  | <input type="checkbox"/> Unsatisfactory/At Risk | ≥ 1/100ml - POS/presence | <input type="checkbox"/> Unsatisfactory |            |  |

| <input type="checkbox"/> Method 2 - Col / E. col: using Membrane Filter (recirculated water systems)   |            |                              |       |                     |        |   |   |
|--|------------|------------------------------|-------|---------------------|--------|---|---|
| <b>Presumptive Test Membrane Filter Method Millipore</b><br>Colonies Detected Per 100 ml.:   |            | <b>Confirmation Col.</b>     |       |                     |        |   | <input type="checkbox"/> Initial<br><input type="checkbox"/> Retest/HPC |
|  |            | + = Positive<br>- = Negative | LTB   |                     | EC Mug |   |   |
| # Typical  | # Atypical | 24 HR                        | 48 HR | 24 HR               | 48 HR  | 24 HR   | 48 HR   |
| Total Colonies Detected:<br><br>TNTC* = Invalid Sample <input type="checkbox"/><br>* Too Numerous To Count<br><b>If checked - Resample for HPC</b> |            | # Typical Colonies           |       |                     |        |   |   |
|  |            | # Atypical Colonies          |       |                     |        |   |   |
|  |            | Number of Tubes Tested:      |       |                     |        |   |   |
|  |            | Number of Tubes Positive:    |       |                     |        |   |   |
|  |            | Percent Positive             |       |                     |        |   |   |
|  |            | LTB   BGLB                   |       | # Verified Coliform |        | % Positive Verified Coliforms* = Total # of Coliforms Subjected to Verification |   |

| Method 2 Test - Results |   |                          |   |              |   |                        |
|-------------------------|---|--------------------------|---|--------------|---|------------------------|
| <b>Total Coliform</b>   |   | <b>E. coli</b>           |   | <b>HPC</b>   |   | <b>Lab Information</b> |
| < 1.1/100ml - NF        | <input type="checkbox"/> Satisfactory   | < 1/100ml - NF/absence   | <input type="checkbox"/> Satisfactory   | < 500 CFC/ml | <input type="checkbox"/> Negative         | Analyst:               |
| ≥ 1.1/100ml - POS       | <input type="checkbox"/> Unsatisfactory | ≥ 1/100ml - POS/presence | <input type="checkbox"/> Unsatisfactory | ≥ 500 CFC/ml | <input type="checkbox"/> Positive/At Risk | License #:             |