

Report of Bacteriological Water Examination

Contact Information	
Collected by:	Report to (email or fax):

Sample Information		<input type="radio"/> Official Sample	<input type="radio"/> Information Only
Name of Owner:	Date Collected:	Time Collected:	
Division and Producer No. :	Received Date:	Received Time:	Received Temp:
Sample Point:			
<input type="radio"/> Drilled Well	<input type="radio"/> Buried Well	<input type="radio"/> Dug Well	<input type="radio"/> Spring
<input type="radio"/> Surface	<input type="radio"/> Public Supply	<input type="radio"/> Other:	
Additional description of source (if necessary)			

<input type="radio"/> Individual Water Supply - Coliform/E. Coli using Colilert						
Total Coliform		E. Coli		Analyst:		
< 1.1/100ml (NF)	<input type="checkbox"/> Satisfactory	< 1.1/100m (NF/absence)	<input type="checkbox"/> Satisfactory	License No. :		
≥ 1.1/100ml (POS)	<input type="checkbox"/> Unsatisfactory	1.1/100ml (POS/presence)	<input type="checkbox"/> Unsatisfactory	Examined Date:	Examined Time:	Examined Temp:
* When the laboratory report on the sample is positive for total coliform but negative for the presence of E. coli, the water supply in question shall be considered at risk for pathogenic contamination and shall again be physically inspected and necessary corrections made until subsequent samples are bacteriologically satisfactory. When the laboratory report on the sample is positive for both total coliform and E. coli, or the facility has failed to complete the water supply inspection within thirty days of the initial positive test result, the water supply is considered unsatisfactory. See Appendix G of the PMO.						

<input type="radio"/> Reclaimed Water and Recirculated Water - Coliform/E. Coli using Membrane Filter Method																																																						
Presumptive Test Membrane Filter Method Millipore Colonies Detected Per 100 ml.: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"># Typical</td> <td style="width: 50%; padding: 5px;"># Atypical</td> </tr> </table> Total Colonies Detected:			# Typical	# Atypical	Confirmation Colonies <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th colspan="2" style="width: 15%;">LTB</th> <th colspan="2" style="width: 15%;">EC - MUG</th> <th colspan="2" style="width: 15%;">BGLB</th> </tr> <tr> <th style="padding: 5px;">+ = Positive</th> <th style="padding: 5px;">24 HR</th> <th style="padding: 5px;">48 HR</th> <th style="padding: 5px;">24 HR</th> <th style="padding: 5px;">48 HR</th> <th style="padding: 5px;">24 HR</th> <th style="padding: 5px;">48 HR</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">- = Negative</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;"># Typical Colonies</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="padding: 5px;"># Atypical Colonies</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>								LTB		EC - MUG		BGLB		+ = Positive	24 HR	48 HR	24 HR	48 HR	24 HR	48 HR	- = Negative							# Typical Colonies							# Atypical Colonies							<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Number of Tubes Tested:</td> <td></td> </tr> <tr> <td style="padding: 5px;">Number of Tubes Positive:</td> <td></td> </tr> <tr> <td style="padding: 5px;">Percent Positive:</td> <td></td> </tr> </table>		Number of Tubes Tested:		Number of Tubes Positive:		Percent Positive:	
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Invalid Sample <input type="checkbox"/> Too Numerous to Count (TNTC) or Confluent Growth (CG) If checked, resample for HPC										LTB BGLB $\% \text{ Positive Verified} = \frac{\# \text{ Verified Colonies}}{\text{Total Coliforms}}$ * Subject to Verification																																												

Total Coliform		E. Coli		Analyst:		
< 1.1/100ml (NF)	<input type="checkbox"/> Satisfactory	< 1.1/100m (NF/absence)	<input type="checkbox"/> Satisfactory	License No. :		
≥ 1.1/100ml (POS)	<input type="checkbox"/> Unsatisfactory	1.1/100ml (POS/presence)	<input type="checkbox"/> Unsatisfactory	Examined Date:	Examined Time:	Examined Temp:
* When the laboratory report on the sample is unsatisfactory, the water supply in question shall again be physically inspected and necessary corrections made until subsequent samples are bacteriologically satisfactory. See Appendix G of the PMO.						

<input type="radio"/> Confirmation Test - Heterotrophic Plate Count (HPC)/ml at 35° C						
< 500 CFU/ml		<input type="checkbox"/> None Found/Satisfactory		Analyst:		
≥ 500 CFU/ml		<input type="checkbox"/> Positive/Unsatisfactory		License No. :		
				Examined Date:	Examined Time:	Examined Temp: