

Public Water Supply

GWR SOURCE BACTERIOLOGICAL ANALYSIS

(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

Section I: System Information (to be completed by Department of Natural Resources/SAMPLER)

System Name: _____ System Type: MC ___ NN ___ OC ___ TN ___
 (Check one) Region _____
 Address: _____ City: _____ County: _____ Code: _____
 PWS ID#: _____ DNR Contact: _____

Sampler Phone/Name/Address (Notify DNR Contact of Corrections)	<h3>Sampler</h3> <p>If the laboratory has the ability to fax or e-mail results to you and you would like the lab to do that, please provide the appropriate information (leave blank if you prefer a paper copy):</p> Fax number: _____ E-mail: _____
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Sample Source (location): <input checked="" type="checkbox"/> W - Well (before any treatment)	Sample Type (check one only): <input type="checkbox"/> T - Triggered Source Water sample following Total Coliform-positive Compliance sample WI Unique Well No: _____ EP/Source ID: _____ <input type="checkbox"/> R - Repeat Source Water sample following E Coli-positive Triggered Source Water sample WI Unique Well No: _____ EP/Source ID: _____
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Special Instructions: _____

Collect sample between: ___/___/___ and ___/___/___ **SAMPLES MUST BE ANALYZED WITHIN 30 HOURS OF COLLECTION. SEE SAMPLING INSTRUCTIONS ON BACK.**

Section II: Sample Information (to be completed by SAMPLER -- ALL ITEMS REQUIRED)

Sample Collection Date: ___/___/___ Time: _____ : _____ a.m. p.m.
 Address where sample was collected (example: "114 Water Street"): _____
 Approved Monitoring Point ID: _____ Monitoring Point Description (example: "well tap before treatment"): _____
 Name of Sampler: _____ Sampler Phone: _____

Section III: System Test Result Information for Systems Who Use Continuous Chlorination (to be completed by SAMPLER)

If your system uses continuous chlorination, the chlorine residual level at the time this sample was collected must be reported below. Systems who do not continuously chlorinate may skip this section.

Storet Code	Parameter	SDWA Method	Results	MRDL	Units
50060	CHLORINE TOTAL RESIDUAL			4.0	MG/L
50064	CHLORINE FREE AVAIL			4.0	MG/L
50066	COMBINED AVAILABLE CHLORINE			4.0	MG/L

Section IV: Lab Test Results (to be completed by LAB) Lab has 24 hours to electronically report results to DNR per NR 809.80

TOTAL COLIFORM					E COLI				
Storet	Description	SDWA Method	Result	Units	Storet	Description	SDWA Method	Result	Units
99060	Colilert® Presence/Absence			/100 ML	99069	Colilert® Presence/Absence			/100 ML
99190	Colisure® Presence/Absence			/100 ML	98931	Colisure® Presence/Absence			/100 ML
99192	Colisure® Quantitray			/100 ML	98929	Colisure® Quantitray			/100 ML
99189	Colilert®-18 Presence/Absence			/100 ML	98932	Colilert®-18 Presence/Absence			/100 ML
99742	MI Agar			/100 ML	99743	MI Agar			/100 ML
99118	Colilert® Quantitray			/100 ML	99188	Colilert® Quantitray			/100 ML
99191	Colilert®-18 Quantitray			/100 ML	98930	Colilert®-18 Quantitray			/100 ML
99740	E*Colite®			/100 ML	99741	E*Colite®			/100 ML

INSTRUCTIONS FOR GWR SOURCE BACTERIOLOGICAL SAMPLING

Notes on the Sample Type

Triggered Source Water sample following TC-positive TCR Compliance sample

1. Collect the sample from each source which provides the water to the site in the distribution system that had the TC-positive.
2. Collect the sample within 24 hours of notification of the TC-positive sample collected under the Total Coliform Rule (TCR), unless the DNR has given you a written extension. Samples must arrive at the lab and be set up for analysis within 30 hours of collection, so take mail delivery time into consideration and plan your collection time accordingly.
3. Collect the sample BEFORE treatment at a site listed in your approved Monitoring Plan.

Repeat Source Water sample following E Coli-positive Triggered Source Water sample

1. Collect 5 samples at the same location as the Triggered Source Water sample that had the E Coli-positive result.
2. Collect the samples within 24 hours of notification of the E Coli-positive Triggered Source Water sample unless the DNR has given you a written extension. Samples must arrive at the lab and be set up for analysis within 30 hours of collection, so take mail delivery time into consideration and plan your collection time accordingly.
3. Collect the sample BEFORE treatment.

SAMPLING INSTRUCTIONS

1. Check with your local post office or commercial carrier to determine what time they will send samples to your laboratory and collect the sample just prior to sending to the laboratory. **Samples must be analyzed within 30 hours of collection, so send the sample for guaranteed delivery within 24 hours of sample collection to the laboratory.** Plan to send the sample early in the week and avoid Fridays, Saturdays, State and Federal Holidays.
2. Avoid plastic, swing, goose-neck, leaky, chrome and outside faucets.
3. Remove any faucet aerator, gasket, screen or hose and run the water until cold.
4. Sterilize the faucet using a propane or butane torch. Hold the flame beneath the faucet opening for 20 seconds. Move the flame continuously to prevent damage to the faucet. Plastic or chrome faucets will melt when heated.
5. Run the cold water at medium force for at least 5 minutes before collecting samples. Do not change the flow rate or wash or wipe the tap before collecting the sample.
6. Remove the security seal, and then remove the sample bottle cap without touching the inside of the cap or bottle. Hold onto the cap while sampling.
7. Fill bottle to within one inch of the top or to the fill line. Replace cap securely. Write name on the side of the bottle.
8. Send the water sample and this completed form to a laboratory that is certified under the Safe Drinking Water Act for the testing of total coliform and *E. Coli* bacteria by an enzyme substrate method, and who reports the results electronically to the DNR.

For Additional Information, Contact Your Nearest DNR Office

Southeast Region, Plymouth:	(920) 893-8533	West Central Region, Eau Claire:	(715) 839-3700
Northeast Region, Green Bay:	(920) 662-5144	Northern Region, Spooner:	(715) 635-2101
South Central Region, Fitchburg:	(608) 275-3294	Northern Region, Rhinelander:	(715) 365-8900

Laboratory ID: _____ Laboratory Name: _____

Date Received: ___/___/___ Time Received: ___ : ___ Laboratory Sample ID: _____

Condition of Sample Upon Receipt: _____

Signature of Receiving Lab Official: _____ Date Reported to PWS: ___/___/___