

RAW WATER BACTERIOLOGICAL ANALYSIS

(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

DNR Drinking Water Program
 DG/5
 P.O. Box 7921
 Madison, WI 53707

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

System Name: _____ System Type: MC__ NN__ OC__ TN__
 (Check one)
 Address: _____ City: _____ County: _____ Region: _____
 PWS ID#: _____ DNR Contact: _____

Sampler Phone/Name/Address (Notify DNR Contact of Corrections)	<h3 style="margin: 0;">Sampler</h3> 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): Fax number: _____ E-mail: _____
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Sample Source (location): ___ D - Distribution System <input checked="" type="checkbox"/> W - Well/Source	Sample Type (check only one): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">___ D - Routine Distribution</td> <td style="width: 33%;">___ N - New Construction</td> </tr> <tr> <td>___ C* - Check: Same location as Positive "D" Sample</td> <td>___ I - Investigation</td> </tr> <tr> <td>___ R* - Repeat: Within 5 connects of Positive "D" Sample</td> <td><input checked="" type="checkbox"/> W - (Raw) Water</td> </tr> <tr> <td>___ A - Additional Routine (month following positive "D")</td> <td>WI Unique Well No: _____</td> </tr> </table> *IF THE SAMPLE TYPE IS "C" or "R": "D" or "A" Positive Sample Date: ___/___/___ "D" or "A" Positive Sample ID: _____ Entry Point ID: _____	___ D - Routine Distribution	___ N - New Construction	___ C* - Check: Same location as Positive "D" Sample	___ I - Investigation	___ R* - Repeat: Within 5 connects of Positive "D" Sample	<input checked="" type="checkbox"/> W - (Raw) Water	___ A - Additional Routine (month following positive "D")	WI Unique Well No: _____
___ D - Routine Distribution	___ N - New Construction								
___ C* - Check: Same location as Positive "D" Sample	___ I - Investigation								
___ R* - Repeat: Within 5 connects of Positive "D" Sample	<input checked="" type="checkbox"/> W - (Raw) Water								
___ A - Additional Routine (month following positive "D")	WI Unique Well No: _____								

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.
 (mm dd yyyy)

Address where sample was collected (example: "114 Water Street"): _____

Approved Monitoring Point ID: _____ Location of sample tap (example: "Laundry Tap"): _____

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
99829	Colitag™			/100 ML	99828	Colitag™			/100 ML
99961	ReadiCult®			/100 ML	99962	ReadiCult®			/100 ML
99740	E*Colite®			/100 ML	99741	E*Colite®			/100 ML

INSTRUCTIONS FOR BACTERIOLOGICAL SAMPLING

Notes on the Sample Type

Routine Distribution Sample

1. Collect samples from sites listed in the approved Sampling Site Plan (contact your nearest DNR office if you do not have a site plan).

Additional Routine Sample

1. Collect samples from sites listed in the approved Sampling Site Plan (contact your nearest DNR office if you do not have a site plan).
2. Collect Additional Routine samples throughout the calendar month following the positive sample collection date, or the date the water is once again served to the public, whichever is later (contact your nearest DNR office for further guidance).

Check Sample

1. Collect sample at the same location as the initial positive sample.
2. Collect within 24 hours of notification of the initial positive sample.

Repeat Sample

1. Collect samples within 5 service connections upstream and downstream of the initial positive sample, unless there is only one service connection (contact your nearest DNR office for further guidance).
2. Collect samples within 24 hours of notification of the initial positive sample.
3. All samples must be collected on the same day unless you have only 1 service connection. Systems with only 1 service connection may alternatively collect the samples (including the Check Sample) over a 3-day period.

New Construction, Raw Water, or Investigation Sample

1. Collect samples as needed or according to DNR staff directive.

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.
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, Milwaukee:	(414) 263-8362	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		

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: ____/____/____