

INSTRUCTIONS FOR COMPLETING WATER ANALYSIS REPORT FORM

NOTE: BACTERIOLOGICAL SAMPLES MUST REACH THE LAB IN 24 HOURS
AND ANALYSIS TO BE STARTED WITHIN 30 HOURS OF COLLECTION.

Information requested within boxed areas (boxes 1 through 9) must be completed by sample collector or other authorized water supply personnel as follows:

1. Public water supply name.
2. Facility number assigned by the IEPA.
3. Provide email address for electronic reporting.
4. Surface supply - is the public water source from a surface supply?
5. Mail Report To: Indicate the NAME and ADDRESS of the person to whom analysis results are to be sent.
6. Contact Person for Unsatisfactory Samples: Fill in the NAME and PHONE NUMBER of the person to be contact in case analyses indicate contamination.
7. Date Collected: Indicate the date samples were collected. Samples will be discarded if this information is not provided.
8. Sample Collector: Fill in the name of the person or persons who collected the samples.
9. Sample Purpose: Check the appropriate box to indicate the following:
 - Routine - Mark this box if these are your regular monthly samples.
 - Replacement - Mark this box for samples submitted to replace samples previously submitted but not analyzed.
 - Boil Order - Mark this box for a sample taken following the issuance of a boil order.
 - Other - Mark this box for samples submitted for any other reason such as "complaints" or special studies. Indicate reason for sample.
 - Repeat Sample - Mark this box for samples submitted following a contaminated sample. Laboratory Number of the contaminated routine sample MUST be given.
 - Invalid Sample - Mark this box for samples submitted to replace a sample(s) invalidated due to excessive bacterial growth that is negative for coliform. Laboratory Number of the invalidated routine sample MUST be given.
10. Bacteriological Sampling: Fill in the following information for each sample submitted:
 - Bottle No - Indicated the bottle number which corresponds to that specific sampling location.
 - Sample Site No - Indicate the site number of the location where the sample was collected.
 - Address - For repeat samples only, indicate the address, resident's name or lot number for the specific repeat sample collected upstream or downstream from the routine sample for which repeat samples were required. Also include the sample site number of the original routine sample.
 - Sample Type - Indicate the sample type by the letters R, F, or D as follows:
 - R = Raw sample (before any treatment) from well or surface water intake
 - F = Sample of the finished water taken at the treatment plant
 - D = Distribution sample taken at a representative point in the distribution system
 - Time Collected - Indicate the actual time the samples were collected.
 - Res Cl - For finished or distribution samples indicate the chlorine residual taken at the same time and sampling point as the bacteriological sample. If a free residual enter an F following the reading; if a total residual enter a T following the reading. If the type of residual is not indicated it will be assumed that it is total residual.

EXPLANATION OF DATE AND SYMBOLS ON THE WATER ANALYSIS REPORT FORM

The following information (boxes 11 through 16) will be completed by PDC Certified Analysts.

11. Col Read: Number of colonies found in the sample analyzed.
12. Total Coli: P, N, or G- will be indicated in this block.
 - P = indicates that total coliform bacteria were present.
 - N = indicates no coliform bacteria were detected.
 - G- = indicates that excess bacteriological growth was present but was negative for coliform bacteria. A G- sample is invalid and a replacement sample must be collected.
13. Fecal Coli: Analysis will be done only on samples that are coliform positive and will be indicated as follows:
 - P = indicates that fecal or escherichia coliform were present.
 - N = indicates no fecal or escherichia coliform were detected.
14. E. Coli: Analysis will be done only on samples that are coliform positive and will be indicated as follows:
 - P = indicates that escherichia coliform were present.
 - N = indicates no escherichia coliform were detected.
15. Opin: An opinion of the bacteriological quality of the water will be indicated using S, U, or I as follows:
 - S = satisfactory - no coliform detected.
 - U = unsatisfactory - indicates that total coliform or fecal or escherichia coliform bacteria were detected.
 - I = sample was invalid because of significant non-coliform growth
16. Laboratory Number: unique number assigned to each sample by the laboratory.