

Correct Completion of a Coliform Lab Slip

How to fill out the lab slip submitted with coliform samples.

It is important to fill out the lab slip completely. *The Department of Health (DOH) will not accept the sample result if there is missing or incomplete information regarding date, time, system ID number, system name, or type of sample.*

The sample slip at right is numbered 1 through 12. See below for instructions pertaining to each section.

1 Date Sample Collected:
Enter date sample was collected.

2 Time Sample Collected:
Enter time sample was collected. Please check AM or PM.

3 County Name: Enter name of the County where the system is located.

4 Type of Water System:
Check either "Group A" or "Group B"

5 Group A and B Systems ID and System Name: Include all six characters of system ID and entire system name. Both can be found on your Water Facilities Inventory (WFI) Form.

6 Contact Person, Day and Evening Phone: Enter name and day and evening phone numbers, at a minimum, in case the lab or DOH needs to contact a person regarding the results. Generally, this contact would be the sample collector or the system owner/manager.

7 Send Results To: Enter name and address where the lab should send the water system's copy of the results. *(Note: The lab also sends a copy of the results to DOH, so you generally don't have to.)*

COLIFORM BACTERIA ANALYSIS		
1	Date Sample Collected Month Day Year	2 Time Sample Collected AM PM
3	County	
4	Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other	
5	Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# _____ System Name: _____	
6	Contact Person: _____ Day Phone: () _____ Cell Phone: () _____ Eve. Phone: () _____ FAX: () _____	
7	Send results to: (Print full name, address and zip code) _____ _____	
SAMPLE INFORMATION		
8	Sample collected by (name): _____	
9	Specific location where sample collected (address or sample site, and type of faucet): _____	
10	Special instructions or comments: _____	
11	Type of Sample (must check only one box of #1 through #4 listed below)	
	1. <input type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
	3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources Public Systems must provide Source Number from (WFI) _____	
	4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____	
12	LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY	
	<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	<input type="checkbox"/> Satisfactory
	<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____	
	Bacterial Density Results: Plate Count _____ /ml, E. coli _____ /100ml Total Coliform _____ /100ml, Fecal Coliform _____ /100ml	
	Method Code: _____ MICR: _____	Date and Time Received: _____
	Date Analyzed: _____	Date Reported: _____ Lab Use Only: _____
	Sample Number (DOH number plus five digits) DOH Form 4331-319 (revised 8/05)	

8 Sample Collected By: The name of the person collecting the sample.

9 Specific Location Where Sample Was Collected: Include the address and type of faucet from which the sample was collected. For example, "bathroom faucet at 123 Ivy Lane."

10 Special Instructions: Enter any instructions for the lab, for example, "this is a replacement sample for an unsuitable sample" or "use 18 hour test."

11 Type of Sample: Choose ONLY ONE of the four choices.

- **Routine:** Mark if sample is collected *within the distribution system* for compliance to meet monthly sampling requirements. Check yes if chlorinated, check no if not. If yes, provide free chlorine residual.

- **Repeat:** Mark for the required repeat samples collected in response to an "Unsatisfactory" routine sample result. To receive credit for repeat samples, you must enter the lab number and collect date of the original unsatisfactory routine sample. Contact your lab to obtain any of this information. If system is chlorinated, enter free chlorine residual.

- **Raw source water:** Mark for samples taken at the source, prior to any treatment. These samples are required for systems using surface water. Include the two-digit DOH source number found on your WFI. Do not confuse your source number with your source name. For example, use SO1 instead of Well #1.

- **Information Only:** Mark for any samples which are not routines, repeats or sources. Choose construction, repairs, private residence or other. "Other" includes samples taken for engineering or investigative purposes.

12 (Lab Use Only) Drinking Water Results: Do NOT enter anything in this section. This is where the lab provides the results of the test.

Other Miscellaneous Tips on Lab Slips and Sample Collection

Small systems normally collecting one routine sample per month: Your system is required to collect four repeat samples as soon as possible (the regulations require within 24 hours) after learning your routine sample is “Unsatisfactory.” In the next month, you must collect five routine samples instead of the usual one. *Please mark these five as routine samples.*

Systems normally collecting two, three, or four routine samples per month: Your system is required to collect three repeat samples *per* “Unsatisfactory” routine sample result. The repeats must be collected as soon as possible (the regulations require within 24 hours) after learning your routine sample is “Unsatisfactory.” Five routine samples (instead of the usual number) are required the following month. *Please mark these five as routine samples.*

Systems normally collecting five or more routine samples per month: Your system is required to collect three repeat samples per “Unsatisfactory” routine sample result. The repeats must be collected as soon as possible (the regulations require within 24 hours) of learning your routine sample is “Unsatisfactory.” In the next month, you should collect your normal number of routine samples.

If you have questions, please contact:

Eastern Regional Office
509-456-2788

Southwest Regional Office
360-236-3044

Northwest Regional Office
253-395-6775



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