

WATER SAMPLE FOR BACTERIAL EXAMINATION

Summit County Health Department Lab

PO Box 128 – 85 N. 50 E.

Coalville, UT 84017

www.summitcountyhealth.org

435-336-3279

Meets TNI Requirements Unless Noted

Sampler: Complete the following. Use ballpoint pen, press hard.		FOR LABORATORY USE ONLY	
Water System Number:	Public System – Community or Non-Community Private System – Well or Spring Swimming Pool – Stream or Other	Lab No:	Date – Time Tested: Date Reported:
Water System Name: _____		RESULTS OF ANALYSIS	
Sampling Point: _____		Total Coliform	Fecal Or E.coli
Sample Collected by: _____		Absent	Absent
Date Sampled: _____	Time: _____	Present-Count	Present-Count
Date Received: _____	Time: _____	Indeterminate	Technician Initial
Transportation Condition	on Ice	Sampled	Temperature:
Per S1? Yes		No	
Protected from Sunlight	Yes	No	
Is sample chlorinated	Yes	No	PPM
Analysis Needed		INTERPRETATION OF ANALYSIS	
SM 9223 Colilert		A. Satisfactory as to bacteria count.	
SM 9215 Simplate		B. Unsatisfactory: Total coliform positive.	
This Sample is:		C. Unsatisfactory: total E. Coli positive.	
Routine		D. Indeterminate: Coliform count could not be determined due to the presence of other miscellaneous bacteria. Submit new sample and check box entitled "Replacement for indeterminate Sample" and indicate lab no. and date of original sample.	
Investigative – Not to be included on official record		SPC	Colonies/ml.
Send Report To:			Satisfactory
Name: _____			Unsatisfactory
Address: _____		SAMPLE NOT ANALYZED – SUBMIT NEW SAMPLE	
City/State: _____		Excessive time elapsed. Must arrive at lab within 30 hrs. of collection.	
Zip: _____	Phone: _____	Considered too old. No collection time given.	
		Sample leaked.	
		Lab error. Excess chlorine.	
		Comment:	
		Approved By:	
		Director QA Officer – Version 20-1	