

PUBLIC WATER SYSTEM REPORT

LaPorte County Health Department
809 State Street – Suite 401 A
LaPorte, Indiana 46350-3385
(219) 326-6808, extension 200

CERTIFIED LAB ID NUMBER M 46 – 3

Sample Number _____

Date Received _____

Date Reported _____

Samples will not be analyzed if form is not complete. Use black ink.
Laboratory - please send a copy to:

Name: _____

Street: _____

City: _____ IN (Zip) _____

Organization Phone Number _____

TO BE COMPLETED BY PUBLIC WATER SYSTEM

PWS ID

--	--	--	--	--	--	--

County _____

Date

--	--	--	--	--	--

Time

--	--	--	--

 Location Code

--	--	--	--

Sampling Location Address _____

Chlorine Residual at Sampling Address _____ mg/l

Printed Name & Initial of Sample Collector

SAMPLE TYPE (check appropriate square)

D--Distribution C--Repeat O--Other

Date Original Sample Collected (If sample is a repeat)

--	--	--	--	--	--

REMARKS: _____

Printed name & Initial of Certified Operator

ANALYSIS DATA -FOR LAB USE ONLY

TEST: TOTAL COLIFORM

METHOD*:

MF MPN LST P/A MM P/A MM QT

RESULTS: Most Probable Number

PRESENT ABSENT

--	--	--	--	--	--	--	--	--	--

Analyst: _____ Date: _____ Time: _____

TEST: FECAL COLIFORM E COLI

METHOD*:

MF MPN LST P/A MM P/A MM QT

RESULTS: Most Probable Number

PRESENT ABSENT

--	--	--	--	--	--	--	--	--	--

Analyst: _____ Date: _____ Time: _____

HETEROTROPHIC

PLATE COUNT /1.0ML /0.1ML

*If MPN or MMQT is checked, the result is a statistical determination of the most probable number per 100ml. If MF is checked, the result is organisms per 100ml. If P/A is checked, the result is present or absent.

REPORT OF SAMPLES

SUBMIT REPEAT SAMPLES as required under 327 IAC 8-2-8.1

PLEASE SUBMIT ANOTHER SAMPLE. TEST NOT VALID BECAUSE:

- Too long in transit (more than 48 Hours).
- Invalid or no collection date and/or time.
- Sample leaked or broken in shipment, insufficient volume.
- Residual chlorine present.
- Other _____

Approved by: _____

Reviewed by: _____

DIRECTIONS FOR FILLING OUT PUBLIC WATER SYSTEM REPORT STATE FORM 39231R

- A. Print clearly, **filling in ALL information in the left hand column** of the bacteriological report form.
- B. Return the completed form with your sample to the laboratory within 12 hours of collection. Samples over 24 hours old will not be analyzed.
- C. Fill in the following information:
1. **NAME / ADDRESS** -- Where sample result should be sent.
 2. **ORGANIZATION PHONE NUMBER** -- Including area code of the Public Water System.
 3. **PWS ID (Public Water Supply Identification)** --This is a unique number assigned your water supply for identification purposes. It is **required** for analysis to be performed.
 4. **COUNTY** – County where facility is located.
 5. **DATE OF SAMPLE** --Use month, day and year sample was collected.
 6. **TIME OF SAMPLE** --Indicate the time of day that the sample was collected using the 2400 hour terminology.
 7. **LOCATION CODE AND SAMPLING ADDRESS** --A system representing the sampling location is required under 327 IAC 8-2-8(a). Each sampling location can be assigned a unique 4-digit number (location code) by the water operator.

e.g. Sampling address / water tap JOHN DOE RESIDENCE / kitchen sink Location Code 0 0 0 1
John Doe's residence will have the identifying number 0001.
 8. **CHLORINE RESIDUAL**--Indicate chlorine residual.
 9. **PRINTED NAME & INITIAL OF SAMPLE COLLECTOR** – Person who collected the sample.
 10. **SAMPLE TYPE & DATE ORIGINAL SAMPLE COLLECTED** --Check appropriate square to indicate type of sample: “**distribution**”, “**repeat**”, or “**other**”. If the sample type is a “repeat” sample, indicate the date when the original sample was collected. If the sample type is “other”, see remarks #11.
 11. **REMARKS** --Indicate type of sample, i.e., raw water, new main, etc.
 12. **PRINTED NAME & INITIAL OF CERTIFIED OPERATOR** – A Certified Operator is required under 327 IAC 8-12 for Nontransient Noncommunity & Community Water Systems.
- D. ALL SAMPLES MUST BE RECEIVED IN THE LABORATORY BY 3:00 PM on Monday – Wednesday, & by 12:00 PM on Thursday.
- E. USE THE ENCLOSED BOTTLE. SAMPLES SUBMITTED IN OTHER CONTAINERS WILL **NOT** BE ANALYZED. THIS BOTTLE CONTAINS SODIUM THIOSULFATE WHICH MAY APPEAR AS DROPLETS OF A WHITE POWDER. DO NOT RINSE THIS OUT. FILL EXACTLY TO THE 100 ML LINE.

EXPLANATION OF SAMPLE STATUS

ANOTHER SAMPLE MUST BE SUBMITTED IF ANY OF THE FOLLOWING ARE INDICATED ON THE REVERSE:

1. **TOO LONG IN TRANSIT:** Sample received more than 24 hours after collection; NOTE: RESULTS OF SAMPLES RECEIVED MORE THAN 12 HOURS AFTER COLLECTION MAY BE INVALID.
2. **INVALID OR NO COLLECTION DATE AND/OR TIME:** Samples will not be analyzed without a date or time. Samples received in lab with date of collection later than time received has an invalid date.
3. **SAMPLE LEAKED OR BROKEN IN SHIPMENT, INSUFFICIENT VOLUME:** Sample container was damaged or leaked in transit resulting in insufficient sample volume. Test procedure requires 100 ml.
4. **RESIDUAL CHLORINE:** The presence of chlorine in the sample interferes with testing, invalidating the sample.
5. **HIGH BACKGROUND COUNT:** Sample contained a large number of bacteria which inhibits an accurate determination of coliform bacteria.