

# Public Water System - Bacteriological (Coliform) Water Analysis

Collector Name:    Phone:   Phone:   Phone:   Phone:   Phone:   Public Water System Name:   Public Water System Name:   Collection Information – See back of form for sample collection instructions   Public Water System Name:   Collection Date:   Collection Date:   Collection Time:   AM/PM   Collection Time:   AM/PM   Public Water System Name:   Public Water System Name:   Public Water System Name:   Collection Point/Remarks:   Collection Time:   AM/PM   Public Market Name:   Public Water System Name:   Public Water System Name:   Public Water System Name:   Public Water Name:   Purchased Ground Water   Purchased Ground Water   Purchased Ground Water   Purchased Surface Water   Purchased Surface Water   Purchased Surface Water   Purchased Surface Water   Public		AIONI USE ONLI:		FOR LABORATORY USE ONLY!				
Collection Information – See back of form for sample collection instructions  Public Water System Name:  PWS ID: ND RTCR Site #: Collection Date:  Collection Point/Remarks:  Collection Point/Remarks:  Type of Sample Check (Check One):  Routine Repeat (Same Tap) Ground Water Surface Water Surface Water Purchased Ground Water Purchased Ground Water Purchased Surface Water Purchased Surface Water Wells/Special Purpose (Explain Below):  Repeat (Duptream) Purchased Surface Water Well ID #'s								
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Total Chlorine Residual: mg/L  Dther:  Type of Sample Check (Check One):    Routine	'WS ID: ND RTCR S	Site #:	<b>Collection Time:</b>	AM/PM				
Other:	Collection	on Point/Remarks:						
Type of Sample Check (Check One):    Routine	Cotal Chlorine Residual: mg/L							
collection:  Colle	Other:							
□ Routine □ Ground Water   □ Repeat (Upstream) □ Surface Water   □ Repeat (Downstream) □ Purchased Ground Water   □ Repeat (Alt Fixed) □ Purchased Surface Water   □ Replacement □ Purchased Surface Water   □ Special Purpose (Explain Below): Well ID #'s	Type of Sample Check (Check One):		use during routine RTCR	l sample				
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RTCR - Revised Total Coliform Rule

<u>Routine</u> – Monthly compliance sample(s)

Repeat (same tap) (upstream) (downstream) – Samples taken after a routine positive result.

Repeat (alternate fixed) – Repeat sample taken from a fixed repeat site approved by the department

<u>Replacement</u> – Sample taken to replace a previously submitted sample that was tested, then voided. Not for rejected samples.

Special Purpose - Not used for compliance



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#### INSTRUCTIONS

### **SAMPLE COLLECTION:**

Care must be exercised to avoid contamination of the sample at the time of collection. The sample tap must be free of any aerator, strainer, hose attachment, or water purification devices. If the sample tap is connected to a heated water supply, cool water must be used during sample collection. Avoid leaking taps as sampling points. Specific sampling instructions are as follows:

- 1. Do not rinse the sample bottle. It is sterile and contains a chemical additive (either powder or liquid droplets).
- 2. Open the cold sample tap fully and allow the water to run for 2 to 3 minutes or until the temperature of the water stabilizes.
- 3. Restrict the flow to allow the collection of the sample without splashing.
- 4. Fill the sample bottle to the 100ml fill line, leaving a small air space. **Do not overfill!**
- 5. It is the responsibility of the Public Water System to collect and ship the sample(s) to ensure arrival at the laboratory within 28 hours. Samples that cannot be tested within 30 hours of collection will be rejected. Samples received on Fridays, one day prior to a holiday, or after 4:00 pm on Thursdays, will not be tested, unless special arrangements have been made with the laboratory.
- 6. Please carefully complete the entire form. Failure to do so will cause reporting errors, errors on the permanent record, and may cause samples to be rejected.
- 7. Please refer to the sample schedule that is posted at <a href="https://www.hhs.nd.gov/Laboratory-services/water-testing">https://www.hhs.nd.gov/Laboratory-services/water-testing</a> for laboratory delivery requirements.
- 8. Use the enclosed mailing label and add the proper postage, or samples can be dropped off at the lab.

Laboratory Services 2635 East Main Ave Bismarck, ND 58506 Ph: 701-328-6272

#### COMPLETING THE REPORT FORM

The public water system identification number is a unique and permanent number assigned to all public water systems. This number must be included on the form to assure that the sample results are credited to the proper facility. In addition, public water systems are **required** to collect all routine bacteriological samples **only at sites identified in an approved sample siting plan**. The RTCR sample site identification number **must** be included in the spaces following the public water system identification number. Questions regarding identification numbers or compliance with bacteriological monitoring requirements should be directed to the Municipal Facilities Division at 701-328-5211.