

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 30 hours of collection. Samples over 30 hours old (from the time of collection) will not be analyzed.
- C. Fill in the following information:
1. **NAME / ADDRESS** -- Where the 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. The PWS ID number is **required** for the analysis to be performed.
 4. **COLLECTION DATE** -- Indicate the month, day, and year that the sample was collected. The collection date is **required** for the analysis to be performed.
 5. **COLLECTION TIME** -- Indicate the time of day that the sample was collected. The collection time is **required** for the analysis to be performed.
 6. **SAMPLE LOCATION ADDRESS** -- A sampling site representing the distribution system is required under 327 IAC 8-2-8(a). Fill in the address of this sampling location.
 7. **SAMPLE COMMENTS/REMARKS** -- Enter specifics relating to the sample. i.e. bathroom sink, raw water, new main, boil water advisory, etc.
 8. **CHLORINE RESIDUAL** -- Indicate chlorine residual and whether it is measured as free or total residual.
 9. **ADDITIONAL COMMENTS** -- Add any additional sample descriptions not already mentioned. Be sure to describe the reason for any "special" samples.
 10. **SAMPLE TYPE & DATE ORIGINAL SAMPLE COLLECTED** -- Check appropriate square to indicate type of sample: "routine", "repeat", or "special". If the sample type is a "repeat" sample, indicate the date when the original positive sample was collected. If the sample type is "special", see additional comments #9.
 11. **PRINTED NAME & INITIAL OF SAMPLE COLLECTOR** -- Person who collected the sample.
 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.
- 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 WILL HAVE TO BE SUBMITTED IF ANY OF THE FOLLOWING ARE INDICATED ON THE REVERSE:

1. **TOO LONG IN TRANSIT:** Sample received more than 30 hours after collection; NOTE: RESULTS OF SAMPLES RECEIVED MORE THAN 30 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.