

Appendix E – Bacteriological Sample Slip Information

Sample Information Slip

- a. **PWSID number.** XXXX Water System’s PWSID # is 0000XXX. In order to get credit for the sample, the PWSID number must be correct.
- b. **Sample date.** Record the date the sample is collected. Example: August 22, 2002 would read 082202.
- c. **Sample time.** Record the time of day in military time. 8:30 a.m. would be recorded as 0830. 1:30 p.m. would be recorded as 1330.
- d. **Sample type.** Sample types are recorded as follows:

D – Routine	S – Special
R – Repeat	Q – Quality Control
N – New lines	F – Fix or Repair

Failure to record the correct sample type can result in a monitoring requirement violation. Most samples will be coded as a “D” for a routine sample. Follow-up samples immediately following a positive routine sample are repeat samples and are coded as “R”.

- e. **Chlorine Residual.** All systems that disinfect their water must record the chlorine residual when coliform samples are collected. Chlorine residuals should be reported to the nearest one tenth of a milligram per liter or one tenth of a part per million.

- f. **Location code.** This 3-digit block would only be used when repeat samples are collected. The laboratory will furnish the numbers to be put in these blocks.
- g. **Repeat Sample Location.** Same Above Below
Only used when collecting repeat “R” samples.
- h. **Water System Name/Private Owner.** Provide the name of the Water System or Utility District where the sample was collected.
- i. **Phone.** Provide a daytime telephone number to be called by the laboratory if they need to contact you about the sample.
- j. **Address.** Provide the complete mailing address of the Water System from which the sample was collected.
- k. **Sample Location.** Provide sufficient information so that you can return to the sample site for repeat samples if necessary and sufficient information that the sample site can be identified on your sampling site plan.
- l. **County.** Record the county where the public water system is located.
- m. **Sample Collector.** Record the name of the person who actually collected the sample.
- n. **Name, Address, City, Zip.** Please record the full address of the person or organization the coliform sample results should be mailed to. Make sure that this information is printed clearly because the laboratory uses this information to return the results to you.