OFFICE USE ONLY

Rejected \_\_\_\_\_\_\_\_\_\_\_

 Entered \_\_\_\_\_\_\_\_\_\_\_

*This report must be received by the 10th day of the month following the collection period.*

|  |  |
| --- | --- |
| **System Name** |       |
|  |  |  |
| **System#** |  |  |  | - |  |  |  |  | **Analysis Method** |       |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Lab Cert#** |       | **Lab Name** |       |
|  |  |

|  |
| --- |
|  |
| **Sampler(s)** |  | **Sampler** |   |   |   |   | – |   |   |
| (Full Name)  |  | **Certification** |   |   |   |   | – |   |   |
|  |  | **Number(s)** |   |   |   |   | – |   |   |

|  |
| --- |
|  |
| 1) Month of Collection:(*Check 1 Month Only*) | Jan | **[ ]**  | **Feb** | **[ ]**  | **Mar** | **[ ]**  | **Apr** | **[ ]**  | **May** | **[ ]**  | **Jun** | **[ ]**  | Year |      |
|  | **Jul** | **[ ]**  | **Aug** | **[ ]**  | Sep | **[ ]**  | **Oct** | **[ ]**  | **Nov** | **[ ]**  | **Dec** | **[ ]**  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**2) Number of Negative Routines Collected & Analyzed only**

 **List all routine and repeat coliform-positive results in the table on page 2.**

 **3) Percentage of Samples Total Coliform Positive:** (*only if* 40 or more samples were collected in reported month)

*(number of positive routines + positive repeats)/(total number of routines+ repeats)* x 100

 **4) Were any routine *E. coli* positives followed by (same-month) repeat coliform-positives?**

**If YES, this is a violation – Contact MDE.** Yes [ ]  No [ ]

 **5) Systems with ground water sources:**

 **a. Total Number of Source Water Samples collected for *E. coli* analysis:** *.*

S*ystem must also complete and submit the Ground Water Rule Report Form, if applicable*

**b. Number of Source Water Samples that are E. coli-positive:**

 **6) Mean Field Chlorine Residual level for Month of Collection:** *milligrams per liter (mg/L)*

Systems over 3,300 persons must complete and submit the Disinfection Residual Monitoring Form quarterly.

If the chlorine residual exceeded 4.0 mg/L, this may be a violation.

 **7) Original microbiological laboratory report sheets on file and available for inspection?** Yes [ ]  No [ ]

I do hereby affirm that this record contains no willful misrepresentations or falsifications and that this information given by me is true and complete to the best of my knowledge and belief.

|  |  |  |  |
| --- | --- | --- | --- |
| **Please print****Name / Title** |       | **Telephone** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |       |

**Do not count positive routines or any repeats on this page; list these and source water test results on Page 2.**

Page 2 **PWSID**      -

#### Positive Bacteriological Samples Results

*This table should be completed, with original positive and all repeats, when there are any positive bacteriological samples for the monitoring period.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Collection Date/Time** | **Lab Sample#** | **Sample1 Type** | **Repeat2 Location** | **TC** **|** **EC3**(A)sent/(P)resent | **Count** | **Free Field Cl2** (mg/L) | **Start Analysis Date/Time** | **Rejection?/Sample Point Location/Remarks** |
|       |       |    |    |   |   |   |       |      |                              |
|       |       |    |    |   |   |   |       |       |                              |
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**1Sample Type**: RT = Routine; RP= Repeat; TG = Triggered Source Water for Ground Water Rule (untreated).

**2Repeat Location:** OR = original sample location; UP = upstream within 5 connections of OR; DN = downstream within 5 connections of OR.

**3TC** (total coliform)**/EC** (E.coli):The indicators used to indicate the presence or absence of coliform in the sample.

**4Count: (optional)** This field is only available if total coliform is found to be present.

**MDE/WMA/COM.006A Revised March 2016**