



# Lab 8 Form Completion

## Instructions for completing the Bacteriological Water Sample Report (Lab 8 Form)

of \_\_\_\_\_ Project Code \_\_\_\_\_

LABORATORY USE ONLY  
Lab Sample & Lab No. \_\_\_\_\_  
Lab Date and Time Received \_\_\_\_\_  
RECEIVED BY: \_\_\_\_\_  
Rec Temp: \_\_\_\_\_ °C \_\_\_\_\_ on ice \_\_\_\_\_ RT

LOUISIANA D.H.H. OFFICE OF PUBLIC HEALTH  
DIVISION OF LABORATORIES - WATER MICROBIOLOGY  
LABORATORY REQUEST AND REPORT FORM

Name of Supply \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Parish \_\_\_\_\_ Collected by \_\_\_\_\_

Public Water Supply ID (PWS ID) \_\_\_\_\_ Date Collected \_\_\_\_\_ Time Collected \_\_\_\_\_  
(1-7) (8-13) (14-17)  
Mo. Day Yr. PLEASE PRINT OF TYPE

Point of Collection (POC) or POC ID \_\_\_\_\_  
Mo. Day Yr. PLEASE PRINT OF TYPE

TYPE OF SAMPLE

Drinking Water Program

1. Routine  4. \*Repeat - Upstream Tap  7. Investigative  8. Other (Describe in POC)  (48)  
2. Replacement  5. \*Repeat - Downstream Tap  8. Other (Describe in POC)  (48)  
3. Repeat - Original Tap  6. \*Repeat - Additional Tap  9. Triggered Ground Water  (48)

Other Potable Non Potable

1. New Facility (Line, Well, etc.)  1. Raw  6. Other (Describe in Comments)   
2. Well  2. Surface  6. LT2 Source (Specify Type in Comments)   
3. Private Supply  3. Recreational/Washing  7. Additional Ground Water   
4. Other (Describe in Comments)  4. Sewage  7. Additional Ground Water

Comments (Specify Tests) \_\_\_\_\_ Source Water Turbidity (NTU) \_\_\_\_\_ Turbidity (NTU) \_\_\_\_\_  
\_\_\_\_\_ (1-4) \_\_\_\_\_ (1-4) \_\_\_\_\_ (1-4)

LABORATORY USE ONLY

MMO-MUG Total Coliform PA  (48) MMO-MUG E. coli PA  (48)  
0. Not Found  0. Not Found   
1. Present  1. Present

MMO-MUG Total Coliform MPN \_\_\_\_\_ MMO-MUG E. coli MPN \_\_\_\_\_  
MPN / 100 ml MPN / 100 ml

Multiple Tube Fermentation Total Coliform MPN \_\_\_\_\_ Multiple Tube Fermentation Faecal Coliform MPN \_\_\_\_\_  
MPN / 100 ml MPN / 100 ml

Standard Plate Count / ml \_\_\_\_\_ Other Tests \_\_\_\_\_

Remarks \_\_\_\_\_

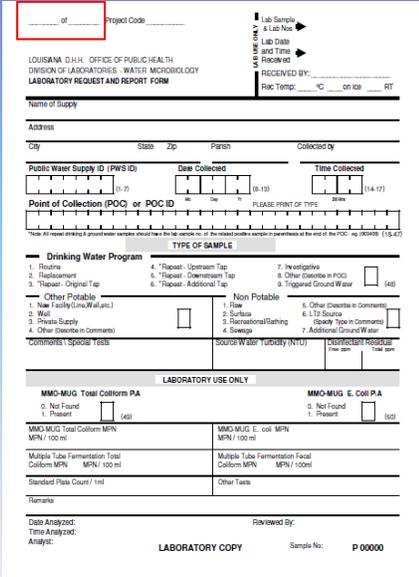
Date Analyzed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_  
Time Analyzed: \_\_\_\_\_  
Analyst: \_\_\_\_\_ Sample No: P 00000

LABORATORY COPY

The Lab 8 Form is used to record information about bacteriological water samples collected.

The form must be completed correctly or the lab may refuse the sample and/or not conduct the analysis.

The forms are also used to verify that correct sampling procedures were used and may be used in court cases or system reviews.

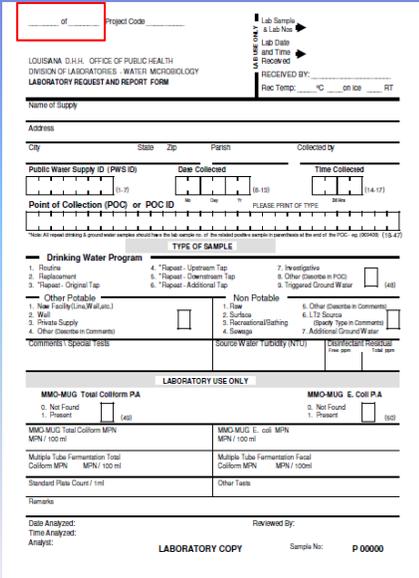


### Number of Samples Section

The blank to the right of the word "of" is the total number of samples collected in the group in one day.

The left blank is the number of the individual sample.

Ex. 1 of 4, 2 of 4, etc.

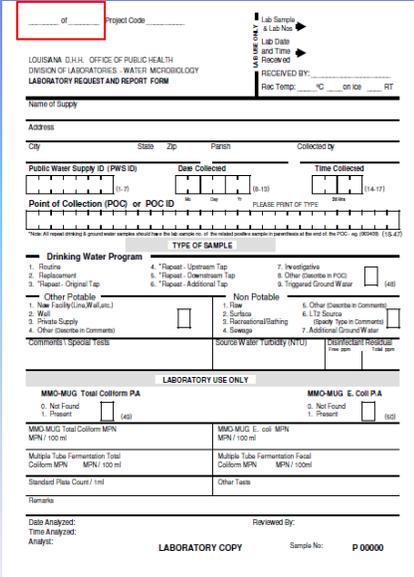


### Number of Samples Section

When collecting more than one Sample Type from one water system, write them as different groups.

Ex. one Investigative for a new water main and three Routines, the investigative is 1 of 1 and the Routines are # of 3.

All Repeats for one system is one group. When collecting two or more Repeats, write as one group; # of 6, # of 9, etc.



of Project Code

LABORATORY REQUEST AND REPORT FORM

NAME OF SUPPLY

ADDRESS

CITY STATE ZIP PARISH COLLECTED BY

PUBLIC WATER SUPPLY ID (PWS ID) DATE COLLECTED TIME COLLECTED

POINT OF COLLECTION (POC) or POC ID PLEASE PRINT OF TYPE

TYPE OF SAMPLE

DRINKING WATER PROGRAM

OTHER POTABLE

LABORATORY USE ONLY

MMO-MUG Total Coliform PA MMO-MUG E. Coli PA

MMO-MUG Total Coliform MPN MMO-MUG E. Coli MPN

Multiple Tube Fermentation Total Coliform MPN Multiple Tube Fermentation Fecal Coliform MPN

Standard Plate Count / ml Other Tests

REMARKS

DATE ANALYZED: TIME ANALYZED: ANALYST: LABORATORY COPY Sample No: P 00000

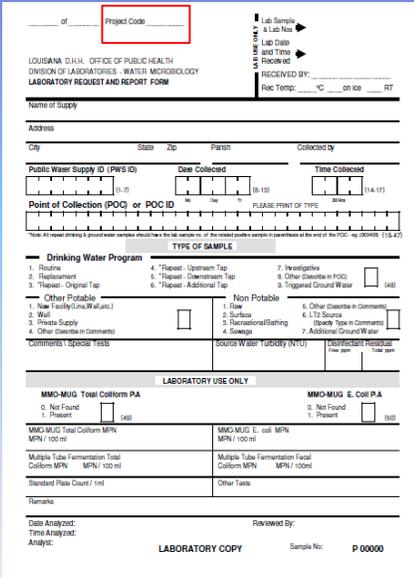
### Number of Samples Section

Ground Water Rule samples are a different group from the Repeat samples.

Each well is a separate set.

So if you have one positive Routine sample, each well would have 1 of 1.

If you have 3 positive Routine samples, each well would have 1 of 3, 2 of 3, and 3 of 3.



of Project Code

LABORATORY REQUEST AND REPORT FORM

NAME OF SUPPLY

ADDRESS

CITY STATE ZIP PARISH COLLECTED BY

PUBLIC WATER SUPPLY ID (PWS ID) DATE COLLECTED TIME COLLECTED

POINT OF COLLECTION (POC) or POC ID PLEASE PRINT OF TYPE

TYPE OF SAMPLE

DRINKING WATER PROGRAM

OTHER POTABLE

LABORATORY USE ONLY

MMO-MUG Total Coliform PA MMO-MUG E. Coli PA

MMO-MUG Total Coliform MPN MMO-MUG E. Coli MPN

Multiple Tube Fermentation Total Coliform MPN Multiple Tube Fermentation Fecal Coliform MPN

Standard Plate Count / ml Other Tests

REMARKS

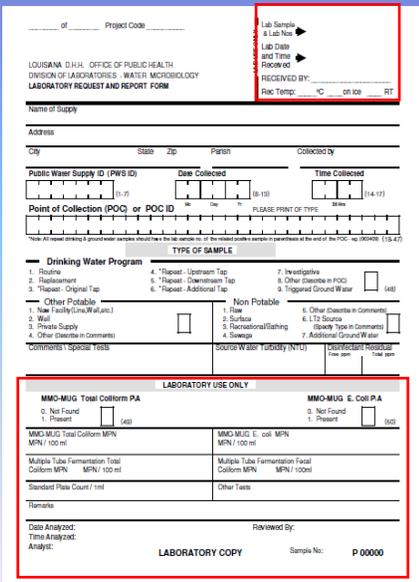
DATE ANALYZED: TIME ANALYZED: ANALYST: LABORATORY COPY Sample No: P 00000

### Project Code Section

The Project Code section is information that the state lab uses to determine how their funding is used.

L838 – Community systems

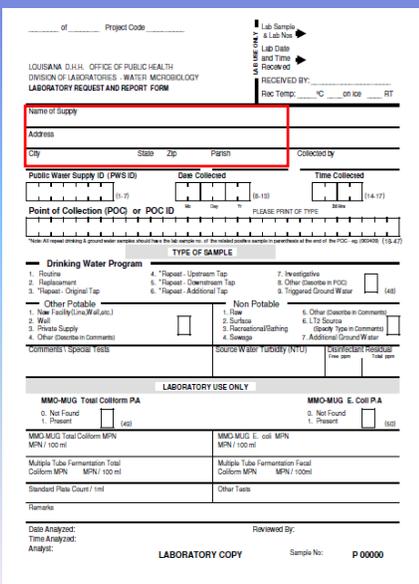
L828 – Non Community systems



The screenshot shows a form with several sections. A red box highlights the 'Lab Sample' section, which includes fields for 'Lab Sample' (with a dropdown arrow), 'Lab Date and Time', 'RECEIVED BY:', and 'Rec Temp: °C on ice RT'. Another red box highlights the 'LABORATORY USE ONLY' section, which contains tables for 'MMO-MUG Total Coliform PA' and 'MMO-MUG E. Coli PA', along with various test results and a 'LABORATORY COPY' label.

## Lab Use Only

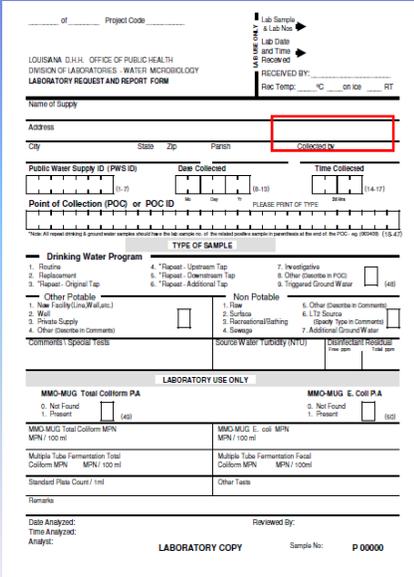
These two sections are for lab use only. Do not write anything in either of these sections.



The screenshot shows the same form as above. A red box highlights the 'Name of Supply' field. Another red box highlights the 'Address' field, which includes sub-fields for 'City', 'State', 'Zip', and 'Parish', along with a 'Collected by' field.

## Name of Supply

The full, legal name of the water system.  
The address, city, state, zip & parish.



of \_\_\_\_\_ Project Code \_\_\_\_\_

LABORATORY REQUEST AND REPORT FORM

RECEIVED BY: \_\_\_\_\_

Lab Sample & Lab No. \_\_\_\_\_

LAB Date and Time \_\_\_\_\_

LABORATORY USE ONLY

NAME OF SUPPLY \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Parish \_\_\_\_\_ Collected by \_\_\_\_\_

Public Water Supply ID (PWS ID) \_\_\_\_\_ Date Collected \_\_\_\_\_ Time Collected \_\_\_\_\_

Point of Collection (POC) or POC ID \_\_\_\_\_ PLEASE PRINT OF TYPE \_\_\_\_\_

TYPE OF SAMPLE

Drinking Water Program

1. Routine  4. Tapwater - Upstream Tap  7. Investigative

2. Replacement  5. Tapwater - Downstream Tap  8. Other (Describe in POC)

3. Tapwater - Original Tap  6. Tapwater - Additional Tap  9. Tapped Ground Water

Other Potable

1. New Facility (Line/Water, etc.)  1. Flow  6. Other (Describe in Comments)

2. Well  2. Surface  6. LT2 Source

3. Private Supply  3. Recreational/Bathing  (Specify Type in Comments)

4. Other (Describe in Comments)  4. Sewage  7. Additional Ground Water

Comments / Special Tests \_\_\_\_\_ SOURCE WATER TURBIDITY (NTU) \_\_\_\_\_ HYGIENICITY REPORT \_\_\_\_\_

LABORATORY USE ONLY

MMO-MUG Total Coliform PA  MMO-MUG E. Coli PA

0. Not Found  (48) 0. Not Found  (50)

1. Present  (48) 1. Present  (50)

MMO-MUG Total Coliform MPN / 100 ml \_\_\_\_\_ MMO-MUG E. coli MPN / 100 ml \_\_\_\_\_

Multiple Tube Fermentation Total Coliform MPN / 100 ml \_\_\_\_\_ Multiple Tube Fermentation Fecal Coliform MPN / 100 ml \_\_\_\_\_

Standard Plate Count / ml \_\_\_\_\_ Other Tests \_\_\_\_\_

Remarks \_\_\_\_\_

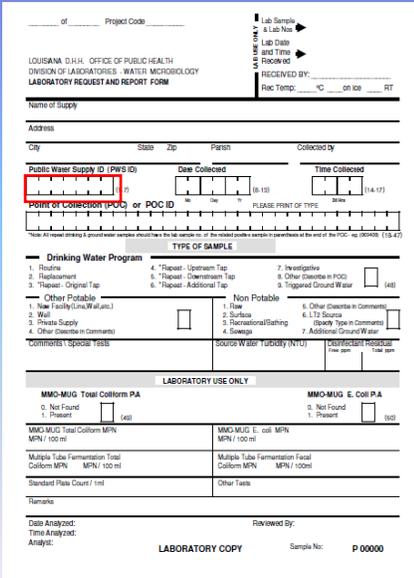
Date Analyzed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Time Analyzed: \_\_\_\_\_

Analyst: \_\_\_\_\_ LABORATORY COPY Sample No: P 00000

**Collected By**

The full first and last name of the person who collected the sample is to be written here. The name is to be printed.



of \_\_\_\_\_ Project Code \_\_\_\_\_

LABORATORY REQUEST AND REPORT FORM

RECEIVED BY: \_\_\_\_\_

Lab Sample & Lab No. \_\_\_\_\_

LAB Date and Time \_\_\_\_\_

LABORATORY USE ONLY

NAME OF SUPPLY \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Parish \_\_\_\_\_ Collected by \_\_\_\_\_

Public Water Supply ID (PWS ID) \_\_\_\_\_ Date Collected \_\_\_\_\_ Time Collected \_\_\_\_\_

Point of Collection (POC) or POC ID \_\_\_\_\_ PLEASE PRINT OF TYPE \_\_\_\_\_

TYPE OF SAMPLE

Drinking Water Program

1. Routine  4. Tapwater - Upstream Tap  7. Investigative

2. Replacement  5. Tapwater - Downstream Tap  8. Other (Describe in POC)

3. Tapwater - Original Tap  6. Tapwater - Additional Tap  9. Tapped Ground Water

Other Potable

1. New Facility (Line/Water, etc.)  1. Flow  6. Other (Describe in Comments)

2. Well  2. Surface  6. LT2 Source

3. Private Supply  3. Recreational/Bathing  (Specify Type in Comments)

4. Other (Describe in Comments)  4. Sewage  7. Additional Ground Water

Comments / Special Tests \_\_\_\_\_ SOURCE WATER TURBIDITY (NTU) \_\_\_\_\_ HYGIENICITY REPORT \_\_\_\_\_

LABORATORY USE ONLY

MMO-MUG Total Coliform PA  MMO-MUG E. Coli PA

0. Not Found  (48) 0. Not Found  (50)

1. Present  (48) 1. Present  (50)

MMO-MUG Total Coliform MPN / 100 ml \_\_\_\_\_ MMO-MUG E. coli MPN / 100 ml \_\_\_\_\_

Multiple Tube Fermentation Total Coliform MPN / 100 ml \_\_\_\_\_ Multiple Tube Fermentation Fecal Coliform MPN / 100 ml \_\_\_\_\_

Standard Plate Count / ml \_\_\_\_\_ Other Tests \_\_\_\_\_

Remarks \_\_\_\_\_

Date Analyzed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Time Analyzed: \_\_\_\_\_

Analyst: \_\_\_\_\_ LABORATORY COPY Sample No: P 00000

**Public Water Supply ID (PWS ID)**

“Public Water Supply ID” number is a unique 7 digit number issued to every public water system. It shall be used for all samples collected from **any part** of the public water system.

The screenshot shows a laboratory request form from the Louisiana D.H.H. Office of Public Health. The 'Date Collected' field is highlighted with a red box and contains the date 03/17/15. The form includes fields for Project Code, Name of Supply, Address, City, State, Zip, Parish, and Collected by. It also has sections for Public Water Supply ID (PWS ID), Point of Collection (POC) or POC ID, and Type of Sample. The 'Type of Sample' section includes options for Drinking Water Program, Other Potable, and Non Potable. There are also sections for Laboratory Use Only, including MMO-MUG Total Coliform PA and MMO-MUG E. Coli PA. The form is dated 03/17/15 and has a sample number of P 00000.

### Date Collected

The date is used to determine if the water sample arrives at the lab within the mandated 30 hour “shelf-life” of the sample.

Use MM / DD / YY format.

The screenshot shows the same laboratory request form as above. The 'Time Collected' field is highlighted with a red box and contains the time 1:13 PM. The form includes fields for Project Code, Name of Supply, Address, City, State, Zip, Parish, and Collected by. It also has sections for Public Water Supply ID (PWS ID), Point of Collection (POC) or POC ID, and Type of Sample. The 'Type of Sample' section includes options for Drinking Water Program, Other Potable, and Non Potable. There are also sections for Laboratory Use Only, including MMO-MUG Total Coliform PA and MMO-MUG E. Coli PA. The form is dated 03/17/15 and has a sample number of P 00000.

### Time Collected

The time is used to determine if the water sample arrives at the lab within the mandated 30 hour “shelf-life” of the sample.

Use 24 hour clock format.

1:00 PM is 13:00, 2:00 PM is 14:00, etc.

of Project Code

LABORATORY USE ONLY  
Lab Sample & Lab No.  
Lab Date and Time Received  
RECEIVED BY: \_\_\_\_\_  
Rtc Temp: \_\_\_\_\_ °C \_\_\_\_\_ °F

LOUISIANA D.H.H. OFFICE OF PUBLIC HEALTH  
DIVISION OF LABORATORIES - WATER MICROBIOLOGY  
LABORATORY REQUEST AND REPORT FORM

Name of Supply \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Parish \_\_\_\_\_ Collected by \_\_\_\_\_

Public Water Supply ID (PWS ID) \_\_\_\_\_ Date Collected \_\_\_\_\_ Time Collected \_\_\_\_\_  
(1-7) (8-13) (14-17)

**Point of Collection (POC) or POC ID** \_\_\_\_\_ PLEASE PRINT OF TYPE \_\_\_\_\_  
Note: All listed drinking ground water sample locations are to be included on the laboratory sample worksheets at the end of the POC - eg. 082008 133.1

**TYPE OF SAMPLE**

**Drinking Water Program**

1. Routine  4. Tapwater - Upstream Tap  7. Investigative   
2. Replacement  5. Tapwater - Downstream Tap  8. Other (describe in POC)   
3. Tapwater - Original Tap  6. Tapwater - Additional Tap  9. Triggered Ground Water  (48)

**Other Potable**  **Non Potable**

1. New Facility (In Use/Well)  1. Flow  6. Other (describe in Comments)   
2. Well  2. Surface  6. L/Tz Source   
3. Private Supply  3. Recreational/Bathing  (Specify Type in Comments)   
4. Other (describe in Comments)  4. Sewage  7. Additional Ground Water

Comments / Special Tests \_\_\_\_\_ Source Water Turbidity (NTU) \_\_\_\_\_ Disinfectant Residual \_\_\_\_\_  
Free am. Total am.

**LABORATORY USE ONLY**

**MMO-MUG Total Coliform PA**  **MMO-MUG E. Coli PA**   
0. Not Found  1. Present  (48) 0. Not Found  1. Present  (80)

MMO-MUG Total Coliform MPN  MMO-MUG E. coli MPN   
MPN / 100 ml MPN / 100 ml

Multiple Tube Fermentation Total Coliform MPN  Multiple Tube Fermentation Fecal Coliform MPN   
MPN / 100 ml MPN / 100 ml

Standard Plate Count / 1ml \_\_\_\_\_ Other Tests \_\_\_\_\_

Remarks \_\_\_\_\_

Date Analyzed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_  
Time Analyzed: \_\_\_\_\_  
Analyst: \_\_\_\_\_

LABORATORY COPY Sample No: P 00000

### Point of Collection (POC) or POC ID

The name and location of the sample site where the bacteriological water sample has been collected at is to be printed here. Use one letter per block.

Refer to DWW for exact POC location text.

of Project Code

LABORATORY USE ONLY  
Lab Sample & Lab No.  
Lab Date and Time Received  
RECEIVED BY: \_\_\_\_\_  
Rtc Temp: \_\_\_\_\_ °C \_\_\_\_\_ °F

LOUISIANA D.H.H. OFFICE OF PUBLIC HEALTH  
DIVISION OF LABORATORIES - WATER MICROBIOLOGY  
LABORATORY REQUEST AND REPORT FORM

Name of Supply \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Parish \_\_\_\_\_ Collected by \_\_\_\_\_

Public Water Supply ID (PWS ID) \_\_\_\_\_ Date Collected \_\_\_\_\_ Time Collected \_\_\_\_\_  
(1-7) (8-13) (14-17)

**Point of Collection (POC) or POC ID** \_\_\_\_\_ PLEASE PRINT OF TYPE \_\_\_\_\_  
Note: All listed drinking ground water sample locations are to be included on the laboratory sample worksheets at the end of the POC - eg. 082008 133.1

**TYPE OF SAMPLE**

**Drinking Water Program**

1. Routine  4. Tapwater - Upstream Tap  7. Investigative   
2. Replacement  5. Tapwater - Downstream Tap  8. Other (describe in POC)   
3. Tapwater - Original Tap  6. Tapwater - Additional Tap  9. Triggered Ground Water  (48)

**Other Potable**  **Non Potable**

1. New Facility (In Use/Well)  1. Flow  6. Other (describe in Comments)   
2. Well  2. Surface  6. L/Tz Source   
3. Private Supply  3. Recreational/Bathing  (Specify Type in Comments)   
4. Other (describe in Comments)  4. Sewage  7. Additional Ground Water

Comments / Special Tests \_\_\_\_\_ Source Water Turbidity (NTU) \_\_\_\_\_ Disinfectant Residual \_\_\_\_\_  
Free am. Total am.

**LABORATORY USE ONLY**

**MMO-MUG Total Coliform PA**  **MMO-MUG E. Coli PA**   
0. Not Found  1. Present  (48) 0. Not Found  1. Present  (80)

MMO-MUG Total Coliform MPN  MMO-MUG E. coli MPN   
MPN / 100 ml MPN / 100 ml

Multiple Tube Fermentation Total Coliform MPN  Multiple Tube Fermentation Fecal Coliform MPN   
MPN / 100 ml MPN / 100 ml

Standard Plate Count / 1ml \_\_\_\_\_ Other Tests \_\_\_\_\_

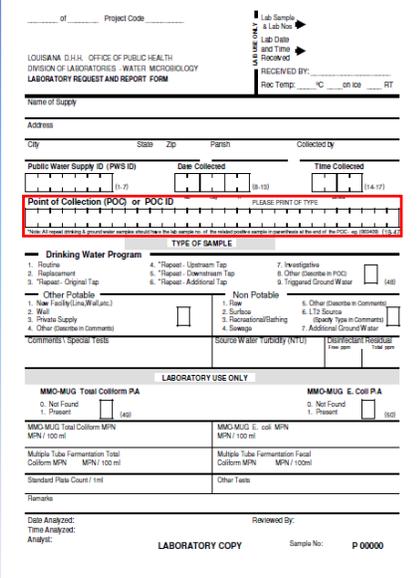
Remarks \_\_\_\_\_

Date Analyzed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_  
Time Analyzed: \_\_\_\_\_  
Analyst: \_\_\_\_\_

LABORATORY COPY Sample No: P 00000

### Point of Collection (POC) or POC ID

Public water systems are required to create a Point of Collection (POC) Sample Site Plan and submit the Plan to the state. The sample sites from the Plan are recorded in the state database. The Point of Collection is to be written as listed in the database, as shown in DWW.



of Project Code

LABORATORY USE ONLY  
Lab Sample & Lab No.  
Lab Date and Time Received  
RECEIVED BY: \_\_\_\_\_  
Re: Temp: \_\_\_\_\_ °C \_\_\_\_\_ °F

LOUISIANA STATE OFFICE OF PUBLIC HEALTH  
DIVISION OF LABORATORIES - WATER MICROBIOLOGY  
LABORATORY REQUEST AND REPORT FORM

Name of Supply \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Parish \_\_\_\_\_ Collected by \_\_\_\_\_

Public Water Supply ID (PWS ID) \_\_\_\_\_ Date Collected \_\_\_\_\_ Time Collected \_\_\_\_\_  
(1-7) (8-13) (14-17)

**Point of Collection (POC) or POC ID** PLEASE PRINT OF TYPE \_\_\_\_\_  
Note: All repeat drinking ground water samples should be for the same site as the original sample. Enter the POC ID in the POC ID field.

**TYPE OF SAMPLE**

**Drinking Water Program**

1. Routine  4. Tapwater - Upstream Tap  7. Investigative   
 2. Reclamation  5. Tapwater - Downstream Tap  8. Other (describe in POC)   
 3. Tapwater - Original Tap  6. Tapwater - Additional Tap  9. Triggered Ground Water  (48)

**Other Potable**  **Non Potable**

1. New Facility (In Use/Well)  1. Flow  6. Other (describe in Comments)   
 2. Well  2. Surface  6. L/T Source   
 3. Private Supply  3. Recreational/Bathing  (Specify Type in Comments)   
 4. Other (describe in Comments)  4. Sewage  7. Additional Ground Water

Comments / Spills Tests \_\_\_\_\_ Source Water Turbidity (NTU) \_\_\_\_\_ Disinfectant Residual \_\_\_\_\_  
Total ppm Total ppm

**LABORATORY USE ONLY**

**MMO-MUG Total Coliform PA**  **MMO-MUG E. Coli PA**   
 0. Not Found  1. Present  (48) 0. Not Found  1. Present  (10)

MMO-MUG Total Coliform MPN  MMO-MUG E. coli MPN   
 MPN / 100 ml MPN / 100 ml

Multiple Tube Fermentation Total Coliform MPN  Multiple Tube Fermentation Fecal Coliform MPN   
 MPN / 100 ml MPN / 100 ml

Standard Plate Count / 1ml \_\_\_\_\_ Other Tests \_\_\_\_\_

Remarks \_\_\_\_\_

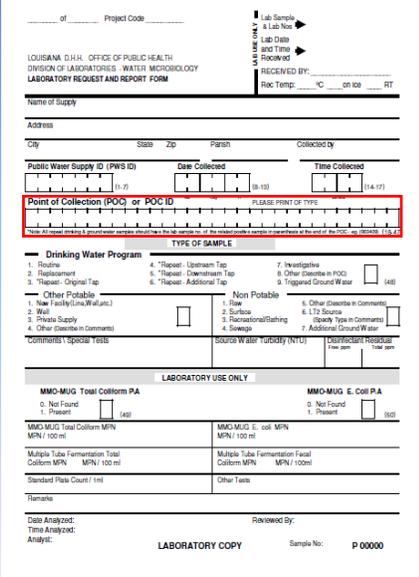
Date Analyzed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_  
 Time Analyzed: \_\_\_\_\_  
 Analyst: \_\_\_\_\_ Sample No: P 00000

LABORATORY COPY

**Point of Collection (POC) or POC ID**

Be consistent with the name used for the sites. Use the list in DWW. If you have a new collection site, talk to Region Office

Ex. writing "19th Street" one month and "Gerard's residence" the next for the same site will result in two POC sites being created



of Project Code

LABORATORY USE ONLY  
Lab Sample & Lab No.  
Lab Date and Time Received  
RECEIVED BY: \_\_\_\_\_  
Re: Temp: \_\_\_\_\_ °C \_\_\_\_\_ °F

LOUISIANA STATE OFFICE OF PUBLIC HEALTH  
DIVISION OF LABORATORIES - WATER MICROBIOLOGY  
LABORATORY REQUEST AND REPORT FORM

Name of Supply \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Parish \_\_\_\_\_ Collected by \_\_\_\_\_

Public Water Supply ID (PWS ID) \_\_\_\_\_ Date Collected \_\_\_\_\_ Time Collected \_\_\_\_\_  
(1-7) (8-13) (14-17)

**Point of Collection (POC) or POC ID** PLEASE PRINT OF TYPE \_\_\_\_\_  
Note: All repeat drinking ground water samples should be for the same site as the original sample. Enter the POC ID in the POC ID field.

**TYPE OF SAMPLE**

**Drinking Water Program**

1. Routine  4. Tapwater - Upstream Tap  7. Investigative   
 2. Reclamation  5. Tapwater - Downstream Tap  8. Other (describe in POC)   
 3. Tapwater - Original Tap  6. Tapwater - Additional Tap  9. Triggered Ground Water  (48)

**Other Potable**  **Non Potable**

1. New Facility (In Use/Well)  1. Flow  6. Other (describe in Comments)   
 2. Well  2. Surface  6. L/T Source   
 3. Private Supply  3. Recreational/Bathing  (Specify Type in Comments)   
 4. Other (describe in Comments)  4. Sewage  7. Additional Ground Water

Comments / Spills Tests \_\_\_\_\_ Source Water Turbidity (NTU) \_\_\_\_\_ Disinfectant Residual \_\_\_\_\_  
Total ppm Total ppm

**LABORATORY USE ONLY**

**MMO-MUG Total Coliform PA**  **MMO-MUG E. Coli PA**   
 0. Not Found  1. Present  (48) 0. Not Found  1. Present  (10)

MMO-MUG Total Coliform MPN  MMO-MUG E. coli MPN   
 MPN / 100 ml MPN / 100 ml

Multiple Tube Fermentation Total Coliform MPN  Multiple Tube Fermentation Fecal Coliform MPN   
 MPN / 100 ml MPN / 100 ml

Standard Plate Count / 1ml \_\_\_\_\_ Other Tests \_\_\_\_\_

Remarks \_\_\_\_\_

Date Analyzed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_  
 Time Analyzed: \_\_\_\_\_  
 Analyst: \_\_\_\_\_ Sample No: P 00000

LABORATORY COPY

**Point of Collection (POC) or POC ID**

Writing "19th Street" for a Routine sample and "Gerard's residence" for the Repeat 3. Original sample could result in a Notice of Violation being issued to the water system for not collecting the Repeat at the "Original Tap".

The image shows a 'LABORATORY REQUEST AND REPORT FORM' from the Louisiana State Office of Public Health. The 'TYPE OF SAMPLE' section is highlighted with a red box. It contains two columns of options: 'Drinking Water Program' (1. Routine, 2. Replacement, 3. Tapwater - Original Tap) and 'Other Potable' (1. New Facility (In-Use/Under Const.), 2. Well, 3. Private Supply, 4. Other (describe in Comments)). The 'Non Potable' section includes (1. Flow, 2. Surface, 3. Recreational/Bathing, 4. Sewage) and (5. Investigative, 6. Other (describe in Comments), 7. Triggered Ground Water, 8. Other (describe in Comments), 9. Trapped Ground Water). There are checkboxes for 'Other (describe in Comments)' and 'Flow'.

### TYPE OF SAMPLE

The correct Type of Sample must be marked.

The three main categories are:

1. Drinking Water Program (DWP)
2. Other Potable (OP)
3. Non Potable (NP)

ONLY one category shall be used per sample

This image is similar to the first one but includes red boxes and arrows. A red box is around the 'Drinking Water Program' header. Arrows point from this box to the '1. Routine' option in the 'Drinking Water Program' list and to the '1. Present' checkbox in the 'MMO-MUG Total Coliform PA' section. Another red box is around the '1. Present' checkbox in the 'MMO-MUG E. Coli PA' section, with an arrow pointing to it from the '1. Present' checkbox in the 'MMO-MUG Total Coliform PA' section.

### TYPE OF SAMPLE

The corresponding number of the Type of Sample is to be put in the small rectangle to the right.

### Type of Sample - Drinking Water Program

These samples are collected from the existing distribution section of a public water system. Routine, Repeat, and one type of Investigative bacteriological water sample are marked here.

These types are used in determining if a public water system is in compliance with the EPA Total Coliform Rule and the Ground Water Rule.

### Type of Sample -Drinking Water Program

1. Routine

The set of samples normally collected from a public water system in the monthly or quarterly sampling period for that water system.

of Project Code

LABORATORY REQUEST AND REPORT FORM

Public Water Supply ID (PWS ID) Date Collected Time Collected

Point of Collection (POC) or POC ID

**Drinking Water Program**

1. Routine  4. "Repeat- Upstream Tap"  7. Investigative

2. Replacement  5. "Repeat- Downstream Tap"  8. Other (describe in POC)

3. "Repeat- Original Tap"  6. "Repeat- Additional Tap"  9. Triggered Ground Water

Other Potable Non Potable

1. New Facility (Drinking Water)  1. Raw  4. Other (describe in Comments)

2. Well  2. Surface  5. L/Tz Source

3. Private Supply  3. Recreational/Bathing  6. L/Tz Source

4. Other (describe in Comments)  4. Sewage  7. Additional Ground Water

Comments: Spouse Tests Source Water Turbidity (NTU) Disinfectant Residual

LABORATORY USE ONLY

MMO-MUG Total Coliform PA MMO-MUG E. Coli PA

0. Not Found  1. Present  0. Not Found  1. Present

MMO-MUG Total Coliform MPN MMO-MUG E. coli MPN

MPN / 100 ml MPN / 100 ml

Multiple Tube Fermentation Total Coliform MPN Multiple Tube Fermentation Fecal Coliform MPN

MPN / 100 ml MPN / 100 ml

Standard Plate Count/ 1ml Other Tests

Remarks

Date Analyzed: Reviewed By:

Time Analyzed: Analyst: LABORATORY COPY Sample No: P 00000

## Type of Sample -Drinking Water Program

### 2. Replacement

A sample that has to be collected when the Routine or Repeat sample was not analyzed due to an accident or was rejected by the State lab.

This sample type requires the Lab Sample # of the sample being replaced.

of Project Code

LABORATORY REQUEST AND REPORT FORM

Public Water Supply ID (PWS ID) Date Collected Time Collected

Point of Collection (POC) or POC ID

**Drinking Water Program**

1. Routine  4. "Repeat- Upstream Tap"  7. Investigative

2. Replacement  5. "Repeat- Downstream Tap"  8. Other (describe in POC)

3. "Repeat- Original Tap"  6. "Repeat- Additional Tap"  9. Triggered Ground Water

Other Potable Non Potable

1. New Facility (Drinking Water)  1. Raw  4. Other (describe in Comments)

2. Well  2. Surface  5. L/Tz Source

3. Private Supply  3. Recreational/Bathing  6. L/Tz Source

4. Other (describe in Comments)  4. Sewage  7. Additional Ground Water

Comments: Spouse Tests Source Water Turbidity (NTU) Disinfectant Residual

LABORATORY USE ONLY

MMO-MUG Total Coliform PA MMO-MUG E. Coli PA

0. Not Found  1. Present  0. Not Found  1. Present

MMO-MUG Total Coliform MPN MMO-MUG E. coli MPN

MPN / 100 ml MPN / 100 ml

Multiple Tube Fermentation Total Coliform MPN Multiple Tube Fermentation Fecal Coliform MPN

MPN / 100 ml MPN / 100 ml

Standard Plate Count/ 1ml Other Tests

Remarks

Date Analyzed: Reviewed By:

Time Analyzed: Analyst: LABORATORY COPY Sample No: P 00000

## Type of Sample -Drinking Water Program

### Repeat Samples

The samples collected when any of the Routine samples are positive for Total Coliform.

When 1 Routine is normally collected, Repeat # 's 3, 4, 5, and 6 are collected.

When 2 or more Routines are normally collected, Repeat #'s 3, 4, and 5 are collected.

of Project Code

LABORATORY REQUEST AND REPORT FORM

Public Water Supply ID (PWS ID) Date Collected Time Collected

Point of Collection (POC) or POC ID

**TYPE OF SAMPLE**

**Drinking Water Program**

1. Routine  4. \*Repeat - Upstream Tap  7. Investigative

2. Replacement  5. \*Repeat - Downstream Tap  8. Other (describe in POC)

3. \*Repeat - Original Tap  6. \*Repeat - Additional Tap  9. Triggered Ground Water

Other Potable: 1. New Facility (Drinking Water)  Non Potable: 1. Raw  6. Other (describe in Comments)

2. Well  2. Surface  6. L/Tz Source (Specify Type in Comments)

3. Private Supply  3. Recreational/Bathing  7. Additional Ground Water

4. Other (describe in Comments)  4. Sewage  7. Additional Ground Water

Comments: Spouse Tests Source Water Turbidity (NTU) Disinfectant Residual (mg/L)

LABORATORY USE ONLY

MMO-MUG Total Coliform PA: 0. Not Found  1. Present  MMO-MUG E. Coli PA: 0. Not Found  1. Present

MMO-MUG Total Coliform MPN (100 ml):  MMO-MUG E. coli MPN (100 ml):

Multiple Tube Fermentation Total Coliform MPN (100 ml):  Multiple Tube Fermentation Fecal Coliform MPN (100ml):

Standard Plate Count/1ml:  Other Tests:

Remarks:

Date Analyzed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Time Analyzed: \_\_\_\_\_ Analyst: \_\_\_\_\_

LABORATORY COPY Sample No: P 00000

### Type of Sample -Drinking Water Program

3. \*Repeat – Original Tap

The Repeat sample that is collected from the same tap that the positive Routine sample was collected from.

of Project Code

LABORATORY REQUEST AND REPORT FORM

Public Water Supply ID (PWS ID) Date Collected Time Collected

Point of Collection (POC) or POC ID

**TYPE OF SAMPLE**

**Drinking Water Program**

1. Routine  4. \*Repeat - Upstream Tap  7. Investigative

2. Replacement  5. \*Repeat - Downstream Tap  8. Other (describe in POC)

3. \*Repeat - Original Tap  6. \*Repeat - Additional Tap  9. Triggered Ground Water

Other Potable: 1. New Facility (Drinking Water)  Non Potable: 1. Raw  6. Other (describe in Comments)

2. Well  2. Surface  6. L/Tz Source (Specify Type in Comments)

3. Private Supply  3. Recreational/Bathing  7. Additional Ground Water

4. Other (describe in Comments)  4. Sewage  7. Additional Ground Water

Comments: Spouse Tests Source Water Turbidity (NTU) Disinfectant Residual (mg/L)

LABORATORY USE ONLY

MMO-MUG Total Coliform PA: 0. Not Found  1. Present  MMO-MUG E. Coli PA: 0. Not Found  1. Present

MMO-MUG Total Coliform MPN (100 ml):  MMO-MUG E. coli MPN (100 ml):

Multiple Tube Fermentation Total Coliform MPN (100 ml):  Multiple Tube Fermentation Fecal Coliform MPN (100ml):

Standard Plate Count/1ml:  Other Tests:

Remarks:

Date Analyzed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Time Analyzed: \_\_\_\_\_ Analyst: \_\_\_\_\_

LABORATORY COPY Sample No: P 00000

### Type of Sample -Drinking Water Program

4. \*Repeat – Upstream Tap

The Repeat sample that is collected from a tap located within 5 service connections upstream of the tap that was positive for Total Coliform.

**Drinking Water Program**

1. Routine  4. \*Repeat - Upstream Tap  7. Investigative

2. Replacement  5. \*Repeat - Downstream Tap  8. Other (describe in POC)

3. \*Repeat - Original Tap  6. \*Repeat - Additional Tap  9. Trapped Ground Water

### Type of Sample -Drinking Water Program

5. \*Repeat – Downstream Tap

The Repeat sample that is collected from a tap located within 5 service connections downstream of the tap that was positive for Total Coliform.

**Drinking Water Program**

1. Routine  4. \*Repeat - Upstream Tap  7. Investigative

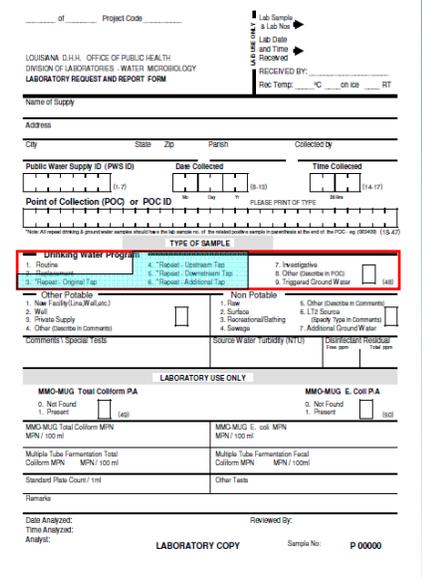
2. Replacement  5. \*Repeat - Downstream Tap  8. Other (describe in POC)

3. \*Repeat - Original Tap  6. \*Repeat - Additional Tap  9. Trapped Ground Water

### Type of Sample – Drinking Water Program

6. \*Repeat – Additional Tap

The Repeat sample that is collected from a tap located within 5 service connections either upstream or downstream of the tap that was positive for Total Coliform.

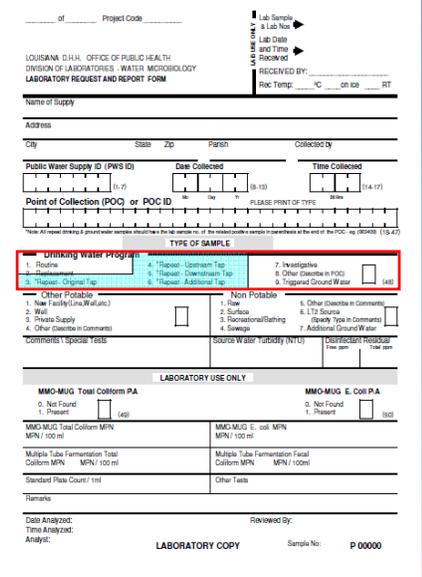


The image shows a 'LABORATORY REQUEST AND REPORT FORM' for the Louisiana State Office of Public Health, Division of Laboratories - Water Microbiology. The form includes fields for Project Code, Name of Supply, Address, City, State, Zip, Parish, and Collecting by. It also has sections for Public Water Supply ID (PWS ID), Date Collected, and Time Collected. The 'Point of Collection (POC) or POC ID' section is marked with 'DWP'. The 'TYPE OF SAMPLE' section is highlighted with a red box, showing '1. Routine' and '3. Repeat - Original Tap' selected. Below this, 'Other Potable' and 'Non Potable' options are listed. The 'LABORATORY USE ONLY' section contains various test results for MMO-MUG Total Coliform PA, MMO-MUG E. Coli PA, MMO-MUG Total Coliform MPN, MMO-MUG E. coli MPN, Multiple Tube Fermentation Total Coliform MPN, Multiple Tube Fermentation Fecal Coliform MPN, Standard Plate Count/100 ml, and Other Tests. The form is dated 3/17/2015 and has a sample number P 00000.

### Type of Sample -Drinking Water Program

Repeat Samples

Some very small water systems, (ex. Restaurants with their own water supply) may have only one sample site. In this case, mark the Lab 8 forms for the Repeats as DWP 3. Repeat – Original Tap. Write in the Comments/Special Test section that only one sample tap is available.



This is another instance of the 'LABORATORY REQUEST AND REPORT FORM' for the Louisiana State Office of Public Health, Division of Laboratories - Water Microbiology. It follows the same layout as the first form, with fields for Project Code, Name of Supply, Address, City, State, Zip, Parish, and Collecting by. The 'Point of Collection (POC) or POC ID' section is marked with 'DWP'. The 'TYPE OF SAMPLE' section is highlighted with a red box, showing '1. Routine' and '4. Repeat - Upstream Tap' selected. Below this, 'Other Potable' and 'Non Potable' options are listed. The 'LABORATORY USE ONLY' section contains various test results for MMO-MUG Total Coliform PA, MMO-MUG E. Coli PA, MMO-MUG Total Coliform MPN, MMO-MUG E. coli MPN, Multiple Tube Fermentation Total Coliform MPN, Multiple Tube Fermentation Fecal Coliform MPN, Standard Plate Count/100 ml, and Other Tests. The form is dated 3/17/2015 and has a sample number P 00000.

### Type of Sample -Drinking Water Program

Repeat Samples

Sometimes the Routine sample tap is the last available tap on the water main. There are no downstream service connections. In this case, you are to collect two DWP 4. Repeat – Upstream samples. Write in the Comments/Special Test section that no downstream sample taps are available.

### Type of Sample -Drinking Water Program

Repeat Samples

Under the POC field is a NOTE:

“Note: All repeat drinking water samples should have the lab sample no. of the related positive sample in parenthesis at the end of the POC – e.g.. (003409)”

The Lab Sample number is a unique number that the lab gives each sample.

44332

The Lab Sample number you want for the Repeats is on the form of the Routine sample that is positive for total coliform.

The Lab Sample number is to be written at the far right end of the POC field on the Lab 8 forms for each Repeat sample.

### Type of Sample - Drinking Water Program

7. Investigative

The sample that is collected when any Repeat sample is positive for Total coliform or E. coli. The sample is collected from the Repeat site that was positive.

The Lab Sample Number of the positive Repeat is to be written on the Lab 8 form for this sample.

### Type of Sample -Drinking Water Program

9. Triggered Ground Water

For each routine sample that is positive for Total Coliform, a bacteriological water sample is to be collected from the sources of the water system to comply with the Ground Water Rule. Use Drinking Water Program 9 for the Initial Triggered Source Ground Water Rule sample.

### Type of Sample -Drinking Water Program

9. Triggered Ground Water

The Lab Sample Number from the Lab 8 form of the positive Routine sample is to be written in the POC field, like you will do for the Repeat Samples.

If you have multiple Routine samples that are positive for Total Coliform, write the Lab Sample Number from one positive sample on one form. Each Lab 8 form will have a unique Lab Sample number.

### Type of Sample - Other Potable

4. Describe below in Comments

Any sample collected from a public water system, not used for compliance with the Total Coliform Rule or other regulations: ex. repaired water main, a water system request, a customer complaint, or other reasons.

This is used for "true" investigative samples.

### Type of Sample – Non Potable

7. Additional Ground Water

This sample type is used for samples required under the Ground Water Rule when the initial sample is positive for E. coli. Five (5) Additional Samples are required when the source is E. coli positive.

This sample requires the Lab Sample Number from the DWP 9 sample that was positive for E. Coli.

### Disinfectant Residual Section

EPA Disinfection By-product Rule requires Chlorine Residual be tested when a Routine or Repeat water sample is collected from a public water system that has disinfection.

### Disinfectant Residual Section

**Free Chlorine** is tested for when chlorine gas or hypochlorite is used by the water system for disinfection.

Do not test for Free Chlorine when you know the water system uses chloramines or has high levels of naturally occurring ammonia.

**Total Chlorine** is tested for when chloramines are in use or when no or very low free chlorine residual is detected.

The screenshot shows a laboratory request form with the 'Disinfectant Residual' section highlighted in red. This section includes fields for 'Disinfectant Residual' and 'Total coliform'. The form also contains sections for 'Drinking Water Program', 'Other Potable', 'Non Potable', and 'LABORATORY USE ONLY'.

### Disinfectant Residual Section

A number is to be written in the FREE or TOTAL field. Write the number 0 if no residual is detected.

The only letter that can be written in either field is "W". This indicates the public water system has an approved waiver from the Mandatory Disinfection Rule and is not adding a disinfectant.

The screenshot shows the same laboratory request form, but with the 'LABORATORY USE ONLY' section highlighted in red. This section includes fields for 'MMO-MUG Total Coliform PA', 'MMO-MUG E. Coli PA', and other microbiological test results.

### Laboratory Use Only Bacteriological Water Sample Result

The sample result indicates if Repeat and Triggered GW Source samples are to be taken

## Bacteriological Water Sample Result

LABORATORY USE ONLY	
<b>MMO-MUG Total Coliform P/A</b> 0. Not Found 1. Present	<b>MMO-MUG E. Coli P/A</b> 0. Not Found 1. Present
<input type="text" value="0"/> (49)	<input type="text" value=""/> (50)

If no coliform bacteria are detected in the water sample, a zero will be placed in the block under the Total Coliform heading.

The block under the E. Coli heading will be blank. No more samples need to be collected due to this sample.

## Bacteriological Water Sample Result

LABORATORY USE ONLY	
<b>MMO-MUG Total Coliform P/A</b> 0. Not Found 1. Present	<b>MMO-MUG E. Coli P/A</b> 0. Not Found 1. Present
<input type="text" value="1"/> (49)	<input type="text" value="#"/> (50)

If coliform bacteria are detected in the water sample, a one will be placed in the block under the Total Coliform heading.

The block under the E. Coli heading will have a one or a zero depending if E. coli is detected or not.

If a 1 is in the Total Coliform block but the E. coli block is blank, the lab is to be called to confirm the result.

## Bacteriological Water Sample Result

LABORATORY USE ONLY	
<b>MMO-MUG Total Coliform P/A</b> 0. Not Found <input type="checkbox"/> 1. Present <input type="checkbox"/> (49)	<b>MMO-MUG E. Coli P/A</b> 0. Not Found <input type="checkbox"/> 1. Present <input type="checkbox"/> (50)

If both blocks are empty, the lab was not able to analyze the sample. A DWP #2 Replacement sample is to be collected if the rejected sample was a Routine or Repeat sample. If the rejected sample was an investigative sample, use the same Sample Type that the original Investigative sample was marked.

Lab personnel will write the reason for the rejection in the Comments/Special tests section. If this section is blank on the returned form of the rejected sample, contact the lab or regional personnel.

of \_\_\_\_\_ Project Code \_\_\_\_\_

**LABORATORY USE ONLY**  
 Lab Sample & Lab No. \_\_\_\_\_  
 Lab Date and Time Received \_\_\_\_\_  
 RECEIVED BY: \_\_\_\_\_  
 Rec Temp: \_\_\_\_\_ °C \_\_\_\_\_ °F

LOUISIANA STATE OFFICE OF PUBLIC HEALTH  
 DIVISION OF LABORATORIES - WATER MICROBIOLOGY  
**LABORATORY REQUEST AND REPORT FORM**

Name of Supply \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Parish \_\_\_\_\_ Collected by \_\_\_\_\_

Public Water Supply ID (PWS ID) \_\_\_\_\_ Date Collected \_\_\_\_\_ Time Collected \_\_\_\_\_  
 (1-7) (8-13) (14-17)

Point of Collection (POC) or POC ID \_\_\_\_\_ PLEASE PRINT OF TYPE \_\_\_\_\_  
 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

\*Note: All repeat drinking & process water samples should have the number of the rejected sample in parentheses at the end of the POC - eg. (30426) (15-47)

**TYPE OF SAMPLE**

**Drinking Water Program**

1. Routine	4. Tapwater - Upstream Tap	7. Investigative
2. Replacement	5. Tapwater - Downstream Tap	8. Other (describe in POC)
3. Tapwater - Original Tap	6. Tapwater - Additional Tap	9. Triggered Ground Water

(48)

**Other Potable**  **Non Potable**

1. New Facility (Drinking Water)	1. Raw	6. Other (describe in Comments)
2. Well	2. Surface	6. LT2 Source
3. Private Supply	3. Recreational/Bathing	7. Additional Ground Water
4. Other (describe in Comments)	4. Sewage	7. Additional Ground Water

Comments - repeat tests \_\_\_\_\_ Source Water Turbidity (NTU) \_\_\_\_\_ Temperature \_\_\_\_\_ Total Spun \_\_\_\_\_

**LABORATORY USE ONLY**

<b>MMO-MUG Total Coliform P/A</b> 0. Not Found <input type="checkbox"/> 1. Present <input type="checkbox"/> (49)	<b>MMO-MUG E. Coli P/A</b> 0. Not Found <input type="checkbox"/> 1. Present <input type="checkbox"/> (50)
--	---

MMO-MUG Total Coliform MPN / 100 ml \_\_\_\_\_  
 MMO-MUG E. coli MPN / 100 ml \_\_\_\_\_

Multiple Tube Fermentation Total Coliform MPN / 100 ml \_\_\_\_\_  
 Multiple Tube Fermentation Total Coliform MPN / 100 ml \_\_\_\_\_

Standard Plate Count / 1 ml \_\_\_\_\_  
 Other Tests \_\_\_\_\_

Remarks \_\_\_\_\_

Date Analyzed: \_\_\_\_\_ Time Analyzed: \_\_\_\_\_ Analyte: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

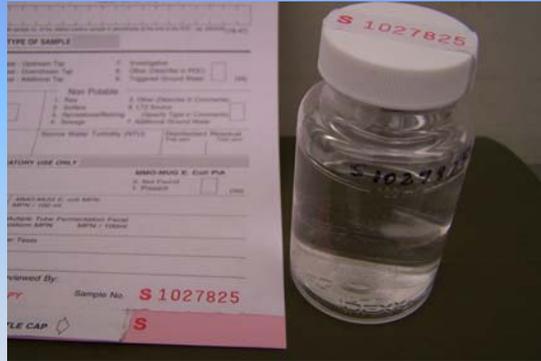
**LABORATORY COPY**      Sample No: **P 00000**

### Lab 8 Form Number

Sample Labels may fall off of sample vessel before reaching the lab. Therefore, you need to write the Lab 8 Form number on the sample bag or on the bottle lid using a fine-point, permanent-ink marker.

Lab personnel have requested that you pull the entire strip off of the form. Sometimes this strip will cause forms to stick together.

## Label each Sample Bottle



•Write the Lab 8 Sample number on the bottle side with waterproof sharpie marker. Place just above the fill line ridge on shoulder

•Affix the Lab 8 Tear off Label from the bottom of the Lab 8 Form to the lid of the bottle- secure with tape

\_\_\_\_\_ of \_\_\_\_\_ Project Code \_\_\_\_\_

LABORATORY REQUEST AND REPORT FORM

LOUISIANA D.H.H. OFFICE OF PUBLIC HEALTH  
DIVISION OF LABORATORIES - WATER MICROBIOLOGY

LABORATORY USE ONLY

Lab Sample & Lab No. \_\_\_\_\_  
Lab Date and Time Received \_\_\_\_\_  
RECEIVED BY: \_\_\_\_\_  
Rec Temp: \_\_\_\_\_ °C \_\_\_\_\_ on ice \_\_\_\_\_ RT

Name of Supply \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Parish \_\_\_\_\_ Collected by \_\_\_\_\_

Public Water Supply ID (PWS ID) \_\_\_\_\_ Date Collected \_\_\_\_\_ Time Collected \_\_\_\_\_  
(1-7) (8-13) (14-17)

Point of Collection (POC) or POC ID \_\_\_\_\_ PLEASE PRINT OF TYPE \_\_\_\_\_

TYPE OF SAMPLE

**Drinking Water Program**

1. Routine  4. Repeat - Upstream Tap  7. Investigative   
2. Replacement  5. Repeat - Downstream Tap  8. Other (Describe in POC)   
3. Repeat - Original Tap  6. Repeat - Additional Tap  9. Triggered Ground Water  (48)

**Other Potable**

1. New Facility (Line, Wall, etc.)   
2. Well   
3. Private Supply   
4. Other (Describe in Comments)

**Non Potable**

1. Raw  6. Other (Describe in Comments)   
2. Surface  8. LTO Source (Specify Type in Comments)   
3. Recreational/Bathing   
4. Sewage  7. Additional Ground Water

Comments / Special Tests \_\_\_\_\_ Source Water Turbidity (NTU) \_\_\_\_\_ Microbiologic Protocol (See page \_\_\_\_\_) Total ppm \_\_\_\_\_

LABORATORY USE ONLY

MMO-MUG Total Coliform PA  MMO-MUG E. Coli PA   
0. Not Found  1. Present  (48) 0. Not Found  1. Present  (60)

MUG MUG Total Coliform MPN / 100 ml \_\_\_\_\_ MUG MUG E. coli MPN / 100 ml \_\_\_\_\_  
Multiple Tube Fermentation Total Coliform MPN / 100 ml \_\_\_\_\_ Multiple Tube Fermentation Faecal Coliform MPN / 100 ml \_\_\_\_\_  
Standard Plate Count / ml \_\_\_\_\_ Other Tests \_\_\_\_\_

Remarks \_\_\_\_\_

Date Analyzed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_  
Time Analyzed: \_\_\_\_\_  
Analyst: \_\_\_\_\_ Sample No: P 00000

LABORATORY COPY

If you have any questions on how to mark a sample on the Lab 8 form or on what type of sample to collect, contact one of your Regional Safe Drinking Water Program Personnel.

## **Errors and Mistakes on Lab 8 Forms**

Can result in:

A sample being rejected, i.e. when any required field is blank

A violation being issued against the water system, especially if Routine or Repeat samples are marked wrong in the Type of Sample section

## **Procedure for Corrections**

STEP 1: Go to the lab

STEP 2: Draw a single line neatly through the entire word or block being corrected. The error must remain legible.

STEP 3: Write the correction legibly above or below the word or block being corrected.

STEP 4: Write the date and your initials legibly next to the correction.

## Tips for Success with Lab 8 Forms

- Use a ball point pen – press firmly to allow all 3 copies to be imprinted
- Write legibly – Print block letters
- If you are not sure about something, ask the Regional Office – you may avoid an unnecessary violation



Are there any questions?