

**Long Term 2 Enhanced Surface Water Treatment Rule – E. coli Sample Collection And Reporting Form**

***Sampler(s) Section (For field sampler use only):***

<b>Utility Information</b>				
Public Water System (PWS) Name:			Facility Name:	
PWS Identification Number (PWSID):				
PWS Street Address:		City:	State:	Zip Code:
<b>Sample ID</b> (if more than 1 sample is collected, use additional forms)	<b>Date/Time of Sample Collection:</b>	<b>Sample Collection Point ID:</b>	<b>Sample Collection Point Name and Description:</b>	<b>Source Water Type</b> (Please check one):
				<input type="checkbox"/> Flowing Stream (FS) GWUDI – FS <input type="checkbox"/> Reservoir/Lake (RL) GWUDI – RL <input type="checkbox"/> Other (Please describe):
Sampler's signature:			Date signed:	
Sampler's printed name:				

***Laboratory Section (For laboratory use only):***

<b>Laboratory Information</b>		
Laboratory Name:		Telephone Number:
Date and Time of Receipt:		Lab Sample ID#:
Start Date/Time of Sample Analysis:		
Sample Temperature Upon Receipt:	Volume Analyzed:	<b>Additional Comments</b> (e.g. sample conditions (intact, cracked, leaking, etc.), if sample rejected- please elaborate here, etc.):
<b>Analytical Method Type and Number Used</b> (e.g. SM 9223B Colilert™ Quanti-tray method, SM 9222B Membrane Filter method, etc.):		
<b>E. coli /100mL Results:</b>		
Analyst(s) Signature:		
		Date signed:

Send Copies Of Completed Forms To:

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