

# GWR SOURCE BACTERIOLOGICAL ANALYSIS

## (ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

**Section I: System Information (to be completed by Department of Natural Resources/SAMPLER)**

System Name: \_\_\_\_\_ PWS ID: \_\_\_\_\_  
 DNR Contact: \_\_\_\_\_ Region: \_\_\_ System Type:  OMC  ONN  OOC  OTN  
 System Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
 Entry Point ID: \_\_\_\_\_ WI Unique Well No: \_\_\_\_\_ Note: \_\_\_\_\_

<p><b>Sampler Contact Info:</b> (Notify DNR Contact of Corrections)</p>	<p><b>Sampler:</b> (Leave Blank If You Don't Use These Services)          Provide information to have results faxed or emailed or to change a billing address, if your lab offers these services          Fax Number: _____          Email: _____          Billing Address: _____</p>
<p><b>Sample Source:</b> (Location)</p> <p><input checked="" type="checkbox"/> W - Well Source  <input type="checkbox"/> E - Entry Point  <input type="checkbox"/> D - Distribution System</p>	<p><b>Sample Type:</b> (Check Only One)</p> <p><input type="checkbox"/> T* - Triggered Source Water sample following Total Coliform-positive Compliance sample          WI Unique Well No: _____ EP/Source ID: _____  <input type="checkbox"/> R - Repeat Source Water sample following E Coli-positive Triggered Source Water sample          WI Unique Well No: _____ EP/Source ID: _____</p> <p><b>*IF THE SAMPLE TYPE IS "T":</b> "D" or "A" Positive          "D" or "A" Positive Sample Date: ___ / ___ / ___ Sample ID: _____</p>

Special Instructions: \_\_\_\_\_  
 Collect Sample between: \_\_\_\_\_ and \_\_\_\_\_ **SAMPLES MUST BE ANALYZED WITHIN 30 HOURS OF COLLECTION. SEE SAMPLING INSTRUCTIONS ON BACK.**

**Section II: Sample Information (to be completed by SAMPLER -- ALL ITEMS REQUIRED)**

Sample Collection Date: \_\_\_ / \_\_\_ / \_\_\_ (mm/dd/yyyy) Time: \_\_\_\_\_ : \_\_\_\_\_  a.m.  p.m.  
 Address where sample was collected: \_\_\_\_\_  
 Monitoring Site ID: \_\_\_\_\_ Sample Tap Location (e.g. kitchen sink): \_\_\_\_\_  
 First Initial and Last Name of Sampler: \_\_\_\_\_ - \_\_\_\_\_ Sampler Phone: \_\_\_\_\_

**Section III: System Test Result Information for Systems Who Use Continuous Chlorination (to be completed by SAMPLER)**

If your system uses continuous chlorination, the chlorine residual level at the time the sample was collected must be reported below. Systems who do not continuously chlorinate may skip this section.

Storet	Parameter	SDWA Method	Results	MRDL	Units
50060	CHLORINE TOTAL RESIDUAL FIELD			4.0	MG/L
50064	CHLORINE FREE AVAIL FIELD			4.0	MG/L
50066	COMBINED AVAILABLE CHLORINE			4.0	MG/L

**Section IV: Lab Test Results (to be completed by LAB) Lab has 24 hours to electronically report results to DNR per NR 809.80**

TOTAL COLIFORM					E COLI				
Storet	Description	SDWA Method	Result	Units	Storet	Description	SDWA Method	Result	Units
99060	Colilert® Presence/Absence			/100 ML	99069	Colilert® Presence/Absence			/100 ML
99190	Colisure® Presence/Absence			/100 ML	98931	Colisure® Presence/Absence			/100 ML
99192	Colisure® Quantitray			/100 ML	98929	Colisure® Quantitray			/100 ML
99189	Colilert®-18 Presence/Absence			/100 ML	98932	Colilert®-18 Presence/Absence			/100 ML
99742	MI Agar			/100 ML	99743	MI Agar			/100 ML
99118	Colilert® Quantitray			/100 ML	99188	Colilert® Quantitray			/100 ML
99191	Colilert®-18 Quantitray			/100 ML	98930	Colilert®-18 Quantitray			/100 ML
99740	E*Colite®			/100 ML	99741	E*Colite®			/100 ML

Notice: This form must be submitted with laboratory samples analyzed to determine compliance with ch. NR 809, Wis. Adm. Code, Safe Drinking Water. Completion of this form or a similar form approved by the Department is mandatory. Failure to submit a completed form to the Department is a violation punishable by a forfeiture of no less than \$10 nor more than \$5000, or by a fine of not less than \$10 nor more than \$100 or imprisonment of not less than 30 days, or both. Each day of continued violation is a separate offense (ss. 144.99, Wis. Stats.). Authorization for these requirement is under s. 280.13(d), Wis. Stats. and ch. NR 809.80. Personally identifiable information on this form will be used for no other purpose. Reference Requirement #31515080.

# INSTRUCTIONS FOR GWR SOURCE BACTERIOLOGICAL SAMPLING

## Notes on the Sample Type

### Triggered Source Water sample following TC-positive TCR Compliance sample

1. Collect the sample from each source which provides the water to the site in the distribution system that had the TC-positive.
2. Collect the sample within 24 hours of notification of the TC-positive sample collected under the Total Coliform Rule (TCR), unless the DNR has given you a written extension. Samples must arrive at the lab and be set up for analysis within 30 hours of collection, so take mail delivery time into consideration and plan your collection time accordingly.
3. Collect the sample BEFORE treatment at a site listed in your approved Monitoring Plan.

### Repeat Source Water sample following E Coli-positive Triggered Source Water sample

1. Collect 5 samples at the same location as the Triggered Source Water sample that had the E Coli-positive result.
2. Collect the samples within 24 hours of notification of the E Coli-positive Triggered Source Water sample unless the DNR has given you a written extension. Samples must arrive at the lab and be set up for analysis within 30 hours of collection, so take mail delivery time into consideration and plan your collection time accordingly.
3. Collect the sample BEFORE treatment.

#### SAMPLING INSTRUCTIONS

1. Check with your local post office or commercial carrier to determine what time they will send samples to your laboratory and collect the sample just prior to sending to the laboratory. **Samples must be analyzed within 30 hours of collection, so send the sample for guaranteed delivery within 24 hours of sample collection to the laboratory.** Plan to send the sample early in the week and avoid Fridays, Saturdays, State and Federal Holidays.
2. Avoid plastic, swing, goose-neck, leaky, chrome and outside faucets.
3. Remove any faucet aerator, gasket, screen or hose.
4. Sterilize the faucet using a propane or butane torch. Hold the flame beneath the faucet opening for 20 seconds. Move the flame continuously to prevent damage to the faucet. Plastic or chrome faucets will melt when heated.
5. Run the cold water at medium force for at least 5 minutes before collecting samples. Do not change the flow rate or wash or wipe the tap before collecting the sample.
6. Remove the security seal, and then remove the sample bottle cap without touching the inside of the cap or bottle. Hold onto the cap while sampling.
7. Fill bottle to within one inch of the top or to the fill line. Replace cap securely. Write name on the side of the bottle.
8. Send the water sample and this completed form to a laboratory that is certified under the Safe Drinking Water Act for the testing of total coliform and *E. Coli* bacteria by an enzyme substrate method, and who reports the results electronically to the DNR.

#### For Additional Information, Contact Your Nearest DNR Office

Southeast Region, Milwaukee:	(414) 263-8362	West Central Region, Eau Claire:	(715) 839-3700
Northeast Region, Green Bay:	(920) 662-5144	Northern Region, Spooner:	(715) 635-2101
South Central Region, Fitchburg:	(608) 275-3294		

Laboratory ID: \_\_\_\_\_ Laboratory Name: \_\_\_\_\_  
Date Received: \_\_\_ / \_\_\_ / \_\_\_\_\_ Time Received: \_\_\_\_\_ : \_\_\_\_\_ Laboratory Sample ID: \_\_\_\_\_  
Condition of Sample Upon Receipt: \_\_\_\_\_  
Signature of Receiving Lab Official: \_\_\_\_\_ Date Reported to PWS: \_\_\_ / \_\_\_ / \_\_\_\_\_