



Illinois Environmental Protection Agency

2520 West Iles Avenue • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

Coliform Analysis Report

NOTE: Bacteriological samples must reach the laboratory in time for analysis to be started within 30 hours of collection. Items A - E and 1 - 6 must be completed or the sample may be discarded.

A. Water System No.: _____ B. Facility Name: _____ C. Sampling Period: _____ D. Surface Supply: <input type="radio"/> Yes <input type="radio"/> No E. Chlorine Exempt: <input type="radio"/> Yes <input type="radio"/> No	<p style="text-align: center;">For Laboratory Use Only</p> Date Received: _____ Time Received: _____ Date Analyzed: _____ Time Analyzed: _____
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1. Mail Report To: Name: _____ Address: _____ City: _____ State: ____ Zip Code: _____	5. Sample Purpose: <input type="radio"/> Routine <input type="radio"/> Replacement <input type="radio"/> Repeat <input type="radio"/> Boil Order <input type="radio"/> Well, Tank, or Other Repair or Maintenance <input type="radio"/> New Construction Permit No. _____ FY _____ <input type="radio"/> Other Reason _____
2. Contact for Unsatisfactory Results: Name: _____ Email: _____ Phone: _____ Cell Phone: _____	----- For Replacements and Repeats Only ----- Original Sample No.: _____ Original Collection Date: _____ Original Lab ID: _____
3. Date Collected: _____	
4. Sample Collector: _____	

6. Coliform Sampling (for repeat include Site # and Address)					Chlorine Res.		For Laboratory Use Only		
Bottle #	Sample Site #	Address	Sample Type	Time Collected	Free	Total	7. Total Coliform	8. E. Coli	9. Lab Sample No.

<i>For Laboratory Use Only</i>				
Method No.: _____	<input type="radio"/> Colisure	<input type="radio"/> TECTA	<input type="radio"/> Colilert-18	<input type="radio"/> Presence/Absence
Out of Incubator (Date/Time/Initials): _____	Person Notified: _____		Date: _____	
Laboratory Cert. No.: _____	Lab Name: _____	No. of Bottles Sent: _____	Date: _____	
Reason for Replacement: <input type="radio"/> >30 Hours <input type="radio"/> Lab accident <input type="radio"/> Broken <input type="radio"/> Insufficient volume <input type="radio"/> Other _____				

This Agency is authorized to require this information under 415 ILCS 5/19. Failure to disclose this information may result in a civil penalty of not to exceed \$50,000 for the violation and an additional civil penalty of not to exceed \$10,000 for each day during which the violation continues (415 ILCS 5/42).

Instructions for Completing the Coliform Analysis Report Form

Note: Bacteriological samples must reach the laboratory in time for analysis to be started within 30 hours of collection.

Submit samples and this form to:

Illinois Environmental Protection Agency
Division of Laboratories
825 N. Rutledge Ave.
Springfield, IL 62702

Information requested within boxed areas (boxes 1 through 6) must be **completed by the sample collector** or other authorized Water Supply personnel as follows:

1. **Mail Report to:** Indicate the Name and Address of the person to whom analysis results are to be sent.
2. **Contact Person for Unsatisfactory Samples:** Fill in the Name along with daytime and/or cell phone number (including area code) of the person to be contacted in case analyses indicated contamination.
3. **Date Collected:** Indicate the date samples were collected. Samples will be discarded if this information is not provided.
4. **Sample Collector:** Fill in the name of the person or persons who collected the samples.
5. **Sample Purpose:** Check the appropriate box to indicate the following:
 - Routine: Mark this box if these are your regular monthly samples.
 - Replacement: Mark this box for samples submitted to replace samples previously submitted but not analyzed.
 - Repeat Sample: Mark this box for samples submitted following a contaminated sample. **Original Sample Number** and **Original Collection Date** of the contaminated routine sample **MUST** be given.
 - Boil Order: Mark this box for a sample taken following the issuance of a boil order. Provide the comment for reason as needed.
 - Well, Tank, or Other Repair or Maintenance: Mark this box for samples submitted for non boil order related maintenance or repairs.
 - New Construction: Mark this box for samples submitted for new construction (**must include permit number**).
 - Other: Mark this box for samples submitted for any other reason not covered by the remaining boxes. Indicate reason for sample, such as customer complaint, quality control sample, etc.
6. **Bacteriological Sampling:** Fill in the following information for each sample submitted:
 - Bottle #: Indicate the bottle number that corresponds to that specific sampling location.
 - Sample Site # (SSN): Indicate the Illinois EPA approved Sample Site # of the location where the sample was collected.
 - Address: **For repeat samples or other non-compliance samples only**, indicate the address or lot number for the specific repeat sample collected upstream or downstream from the routine sample for which repeat samples were required. Also include the sample site number of the original routine sample. **SSNs are REQUIRED for routine raw, finished, and distribution samples.**
 - Sample Type: Raw (R), Finished (F), Distribution (D)
 - Time Collected: Indicate the actual time the samples were collected.
 - *Free Chlorine: For finished or distribution samples, indicate the FREE chlorine residual taken at the same time and sampling point as the bacteriological sample.
 - *Total Chlorine: For finished or distribution samples, indicate the TOTAL chlorine residual taken at the same time and sampling point as the bacteriological sample.

*** One or both must be completed.**

The following information (boxes 7 through 9 will be **completed by the laboratory**).

7. **Total Coliform:** P, N, I will be indicated in this block:
 - P = Indicates that total coliform bacteria were present.
 - N = Indicates no total coliform bacteria were present.
 - I = Indicates that excessive bacteriological growth was present, but was negative for total coliform bacteria. An I sample is invalid (I) and one Routine replacement sample must be collected.
8. **E. Coli:** Analysis must be done on routine raw samples, and is required (or Fecal Coli) to be done on distribution samples that are total coliform positive. Results will be indicated as follows:
 - P = Indicates that Fecal or Escherichia Coli were present.
 - N = Indicates that no Fecal or Escherichia Coli were detected.
9. **Lab Sample No.:** Unique number assigned to each sample by the laboratory.