

# How to Complete a Coliform Lab Slip For Private Wells

## Section 1: Basic Sample and Water System Information

**Date Sample Collected:** Two-digit month, day, and year the sample was collected, for example 02/05/2018

**Time Sample Collected:** Time sample collected. Check AM or PM.

**County:** County location for the well

**Type of Water System:** Group A and Group B refer to public water systems. Other (Private) is intended for private wells.

**Water Facilities Inventory (WFI) ID#:** Private wells don't have this (leave blank)

**System Name:** Private wells don't have this (leave blank)

**Contact Person:** List the person the lab staff should contact with questions about this sample.

**Day/Cell/Evening Phone and Email:** List the best way to reach the Contact Person.

**Send results to:** List the best mailing or email address for the lab to send the results.

**Sample collected by:** Name of person who collected the sample.

**Specific location where sample collected:** Describe in detail the sample location point (i.e. bathroom sink, kitchen sink, outdoor faucet, ect.)

**Specific instructions or comments:** Include any specific instructions for the lab.

## Section 2: Sample Purpose (Coliform Sample Type)

**Sample Collected for Information Only:** Check if sample for engineering purposes, construction or repairs, a home sale, or other uses. These samples do not need to go to DOH for processing.

## Section 3: Drinking Water Results

**Unsatisfactory:** If Checked: sample is total coliform present **AND** *E. coli* present **OR** *E. coli* absent.

**Satisfactory:** If Checked: no coliforms detected.

**Bacterial Density Results:** Record the colony count or most-probable number if the test yields it (both are enumeration methods). Our lab does not use this analytical method.

**Replacement Sample Required:** If Checked: sample is not viable for any reason, such as “too old” or “volume less than 100ml.”

**Date and Time Received:** The date and time the laboratory received the sample.

**Lab Reference Number:** Lab staff generates this number for in-laboratory tracking. I.e., Invoice Numbers or Project Numbers **(Optional)**

**Receipt Temp C°:** Required for unfiltered surface water samples.

**Method Code:** The code for the analytical method used to analyze the sample (SM-9223B or SM-9222B, not MICR codes).

**Date Reported to DOH:** The date the lab reported the result to DOH. (Only public water systems’ routine and repeat samples are reported.)

**DOH Lab-Sample#:** The three-digit DOH-assigned lab number and then the five-digit lab-assigned sample ID number.

**Lab Use Only:** A space for the lab’s own purpose. For example, details about the water system being informed of the result.