



**SOURCE WATER ANALYSIS – PUBLIC WATER SYSTEMS**  
 DEPARTMENT OF ENVIRONMENTAL QUALITY  
 DIVISION OF MUNICIPAL FACILITIES  
 SFN 59040 (5-2019)

*See Reverse For Instructions*

<b>*LEFT SIDE OF FORM TO BE COMPLETED BY COLLECTOR</b>			
Last Name of Collector			
First Name of Collector	Telephone Number		
Date Collected	Time Collected		
Collection Point and Address			
Remarks			
Name of Public Water System			
Enter Your Assigned Public Water System ID Number <b>N D</b> _ _ _ _ _			
GWR Sample Site:(Ex: SW001) CW0 ## = Combined Source SW0 ## = Individual Source		<b>W</b>	<b>0</b>
Send Report To			
Address			
City	State	Zip Code	
Ground Water Rule Sample Type: <input type="checkbox"/> Triggered Source Water <input type="checkbox"/> Follow-up Triggered Source Water <input type="checkbox"/> Replacement <input type="checkbox"/> Assessment <input type="checkbox"/> Special Purpose			
Definitions: Triggered Source Water: ground water source water sample taken as a result of a positive RTCR Sample.  Follow-up Triggered Source Water: ground water source water samples taken as a result of a Triggered Source sample being fecal indicator positive.  Replacement: ground water source water sample collected as a substitute for a rejected/voided sample.  Assessment: source water samples collected to determine the susceptibility of ground water sources to fecal contamination.			
<b>STOP! RIGHT SIDE OF FORM IS FOR LABORATORY USE ONLY.</b>			

<b>FOR LABORATORY USE ONLY</b>	
Lab Name	
Lab Number	
Date of Receipt	Time of Receipt
Date of Analysis	Time of Analysis
Date Results Reported	Date Results Completed
Analyst	
<b>SAMPLE REJECTED – SEND REPLACEMENT</b>	
<input type="checkbox"/> Sample Too Old	<input type="checkbox"/> Lab Accident
<input type="checkbox"/> Leaked in Transit	<input type="checkbox"/> Insufficient Sample Volume
<input type="checkbox"/> No Date/Time	<input type="checkbox"/> Sample Frozen
<b>SAMPLE VOIDED – SEND REPLACEMENT</b>	
<input type="checkbox"/> Turbid Culture Without Gas Production	<input type="checkbox"/> Too Numerous to Count
<input type="checkbox"/> Turbid Without Acid Reaction	<input type="checkbox"/> Confluent Growth
	<input type="checkbox"/> Other _____
<b>ANALYSIS METHOD</b>	
<input type="checkbox"/> Fermentation Tube	Enzyme Substrate Method
<input type="checkbox"/> Membrane Filter	<input type="checkbox"/> Colilert
	<input type="checkbox"/> Colisure
	<input type="checkbox"/> Colilert 18
<input type="checkbox"/> Other _____	
<b>COLIFORM ANALYSIS</b>	
<input type="checkbox"/> SATISFACTORY – No Coliforms Found	
<input type="checkbox"/> UNSATISFACTORY – Coliforms Present – <b>SEND REPEAT SAMPLES</b>	
	<input type="checkbox"/> No <i>E.coli</i> Found
	<input type="checkbox"/> <i>E.coli</i> Present

## INSTRUCTIONS SAMPLE COLLECTION

Care must be exercised to take samples that will be representative of the water being tested and avoid contamination of the sample at the time of collection.

The sample tap must be free of any aerator, strainer, hose attachment, or water purification devices. Leaking taps which allow water to flow over the outside of the tap must be avoided as sampling points. Specific sampling instructions are as follows:

1. Do not rinse the sample bottle. It is sterile and contains a chemical additive.
2. Open the sample tap fully and allow the water to run for 4 to 5 minutes or until the temperature of the water stabilizes.
3. Restrict the flow to allow the collection of the sample without splashing.
4. Fill the sample bottle to the shoulder, leaving a small air space.
5. Collect and ship the sample to ensure arrival at the laboratory within 30 hours of collection. All samples received during the weekend or more than 30 hours after collection will be rejected.
6. Use the enclosed mailing label and add the proper postage.

### COMPLETING THE REPORT FORM

Please carefully complete the entire left-hand portion of this form. Failure to do so will cause reporting errors, errors on the permanent record, and may cause samples to be rejected.

The name and address of the person to receive the report must be complete.

A public water system includes cities, subdivisions, trailer courts, hotels, motels, cafés, bars, parks, rest and recreational areas, gas stations, golf courses, schools, churches, industries, and other public accommodations which have their own water system and have at least 15 service connections or regularly serve an average of at least 25 individuals daily at least 60 days out of the year. The public water system identification number is a unique and permanent number assigned to all public water systems. This number must be included on the form to assure that the sample results are credited to the proper facility. In addition, public water systems are required to collect all source water samples only at sites identified in an approved sample siting plan. The sample site identification number must be included in the GWR Sample Site section of this form. Questions regarding these identification numbers or compliance with bacteriological monitoring requirements should be directed to the Municipal Facilities Division at 701-328-5211.

### DEFINITIONS

1. Triggered Source: ground water source sample taken as a result of a positive RTCR Sample.
2. Follow-up Triggered Source: ground water source samples taken as a result of a Triggered Source sample being fecal indicator positive.
3. Replacement: a source water sample collected as a substitute for a rejected/voided sample.
4. Assessment: source water samples collected to determine the susceptibility of ground water sources to fecal contamination.
5. Combined Source (CW0##): sample location where water from multiple ground water sources is flowing prior to any and all treatment. Example: common header (pipe used to combine water from multiple sources into one single pipe) pipe leading into treatment plant.
6. Individual Source (SW0##): sample location where water from one single ground water source is flowing prior to any and all treatment. Example: sample tap serving a single well.