



MICROBIOLOGICAL ANALYSIS REPORT FORM

Sample Must Reach Laboratory within 24 Hours After Collection.

Date and Time in Laboratory: _____

Mail Report To: Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Daytime Phone Number: _____	Date Collected: _____ Collected by: _____ Sample Purpose: (For use by Community and Non-Community Supplies Only): <input type="checkbox"/> Routine <input type="checkbox"/> Replacement <input type="checkbox"/> Boil Order <input type="checkbox"/> New Construction <input type="checkbox"/> Other _____ <input type="checkbox"/> Repeat: <input type="checkbox"/> Invalid Sample: Orig. Smpl. Lab No. _____
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Facility or File No.: _____ **Facility Type:** Community Water Supply Individual Water Supply
 Name of Facility: _____ (Please Check) Surface Non-Community Water Supply
 PIN / County: _____ Well Other: _____
 Sampling Period: _____ Sample kept chilled after collection? Yes Temp. at lab _____ °C

Check Analysis Required:
 Membrane Filter ONPG-MUG Nitrate-Nitrite Latitude: _____
 Nitrate Screen Longitude: _____

Bacteriological Sampling:		Sample	Smpl	Time	Res	Colonies	Total	E. coli	Opin	Laboratory
Btl.No.	Sample Site No. or Address	Point	Type*	Collected	Cl*	Read*	Coli*			Number

*Explanation of Abbreviations Used in This Report

Smpl. R = Raw Sample (No Treatment)
Type: F = Finished Water Taken at Treatment Plant
 D = Sample Taken at Representative Point in Distribution System
Res. F = Free Residual Chlorine
Cl: T = Total Residual Chlorine

Colonies
Read: Number of Colonies Found in Sample

Total P = Indicates Presence of Total Coliform Bacteria
Coli: A = No Coliform Bacteria Detected
 G = Excessive Bacterial Growth Present but Coliform Not Confirmed

Opin: S = Satisfactor (Meets State of Illinois Standards for Drinking Water)
 U = Unsatisfactory
 I = Sample Invalid because of Significant Non-Coliform Growth

E. coli P = E. coli or Fecal Coliform Present
 A = E. coli or Fecal Coliform Not Detected

Method of Analysis Used: (All Tests Performed the Same Day Received by Laboratory - 100 mL Tested)
 Membrane Filter ONPG-MUG P/A (Test for Total Coliform and E. coli) ONPG-MUG Quanti-Tray

Nitrate Test: <input type="checkbox"/> Satisfactory (<10 ppm) <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> See Attached Report Test Date: _____
Nitrate - Nitrite Test: <input type="checkbox"/> See Attached Report
Repeat Sample Required for: <input type="checkbox"/> Microbiology <input type="checkbox"/> Nitrate

Report Prepared by: _____ Laboratory Review by: _____
 Date Reported: _____ Sanitarian Review by: _____
 Notification for Unsatisfactory Results: Person Notified: _____ Date: _____ By: _____

Steps for collecting water samples for bacteriological analysis:

1. Water samples can only be collected in Lake County Health Department sample bottles. These bottles are processed in special equipment to insure that they are sterile.
2. Select the proper fixture.
 - A. Avoid leaky fixtures and remove any aerators or tap-mounted filters. When you remove the aerator, make sure you remove all parts of the aerator including any rubber washers or gaskets.
 - B. Avoid fixtures with aerators that cannot be removed, as well as those that have hoses attached.
 - C. Do not use an outside faucet unless there are no other available faucets.
 - D. The presence of a water softener does not make a difference when sampling the water. If you drink and cook with softened water, sample the softened water. If you have a point-of-use filter (such as a reverse osmosis system), you may wish to collect the sample from an unfiltered location.
3. Open a cold-water fixture to a wide open setting and allow the water to run a minimum of five minutes.
 - A. The faucet should not be flamed since many fixtures have plastic parts.
 - B. Run the water for at least 5 minutes or more until there is a noticeable change in temperature (colder).
4. Reduce the flow of the fixture to a steady, pencil-width stream to avoid splashing when you fill your bottle. If a steady narrow stream cannot be obtained, select another fixture.
5. Collect the water sample(s).
 - A. **Open the sterilized sample bottle provided by the Lake County Health Department very carefully. Do not touch the rim of the bottle, inside the bottle or inside the bottle lid.** Be careful not to allow the water to splash off your hand or other surfaces into the bottle. Allowing the splashed water to enter the bottle could contaminate the sample. **Fill the bottle to the top of the shoulder. The laboratory may not be able to perform the test if the container is under filled.**
 - B. Complete the laboratory analysis form, including the location where the sample was collected. Also include a specific site address, a mailing address for the results and your home phone number. If you work during the day, please include your work phone number. **A copy of the results can be emailed, faxed, or mailed per your request.**
6. Bringing the samples into the laboratory:
 - A. **Samples will be received: Monday-Thursday between 8:00 AM and 3:30 PM. Samples are not accepted on Friday, Saturday or Sunday.**
 - B. **Samples must be analyzed within 24 hours of collection.** Please plan accordingly because there are no exceptions. The best advice is to collect the sample just before you bring it in. Samples that are collected in advance must be kept refrigerated at temperatures ranging from 35°F to 45°F. **Please put the sample(s) in a cooler with an ice pack for transporting to the lab.**
 - C. There is a charge for analysis of routine water samples brought into the office. The Service Area staff can conduct an inspection of your water well for a fee, which includes a water analysis. Laboratory testing requires 24 to 72 hours to complete. Your sample will be analyzed for coliform bacteria, E. coli bacteria and screened for nitrates. Please consult the laboratory fee schedule if you wish to test for other parameters.