OFFICE USE ONLY

Rejected \_\_\_\_\_\_\_\_\_\_\_

Entered \_\_\_\_\_\_\_\_\_\_\_

*This report must be received by the 10th day of the month following the collection period.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **System Name** | | |  | | | | | | | | | |
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| **System#** | | |  |  |  | - |  |  |  |  | **Analysis Method** |  |
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| **Lab Cert#** |  | **Lab Name** | |  | |
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| **Sampler(s)** |  | **Sampler** |  |  |  |  | – |  |  | |
| (Full Name) |  | **Certification** |  |  |  |  | – |  |  | |
|  |  | **Number(s)** |  |  |  |  | – |  |  | |

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| 1) Month of Collection:  (*Check 1 Month Only*) | Jan |  | **Feb** |  | **Mar** |  | **Apr** |  | **May** |  | **Jun** |  | Year |  |
|  | **Jul** |  | **Aug** |  | Sep |  | **Oct** |  | **Nov** |  | **Dec** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**2) Number of Negative Routines Collected & Analyzed only**

**List all routine and repeat coliform-positive results in the table on page 2.**

**3) Percentage of Samples Total Coliform Positive:** (*only if* 40 or more samples were collected in reported month)

*(number of positive routines + positive repeats)/(total number of routines+ repeats)* x 100

**4) Were any routine *E. coli* positives followed by (same-month) repeat coliform-positives?**

**If YES, this is a violation – Contact MDE.** Yes  No

**5) Systems with ground water sources:**

**a. Total Number of Source Water Samples collected for *E. coli* analysis:** *.*

S*ystem must also complete and submit the Ground Water Rule Report Form, if applicable*

**b. Number of Source Water Samples that are E. coli-positive:**

**6) Mean Field Chlorine Residual level for Month of Collection:** *milligrams per liter (mg/L)*

Systems over 3,300 persons must complete and submit the Disinfection Residual Monitoring Form quarterly.

If the chlorine residual exceeded 4.0 mg/L, this may be a violation.

**7) Original microbiological laboratory report sheets on file and available for inspection?** Yes  No

I do hereby affirm that this record contains no willful misrepresentations or falsifications and that this information given by me is true and complete to the best of my knowledge and belief.

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| **Please print**  **Name / Title** |  | **Telephone** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

**Do not count positive routines or any repeats on this page; list these and source water test results on Page 2.**

Page 2 **PWSID**      -

#### Positive Bacteriological Samples Results

*This table should be completed, with original positive and all repeats, when there are any positive bacteriological samples for the monitoring period.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Collection Date/Time** | **Lab Sample#** | **Sample1 Type** | **Repeat2 Location** | **TC** **|** **EC3**  (A)sent/(P)resent | | **Count** | **Free Field Cl2** (mg/L) | **Start Analysis Date/Time** | **Rejection?/Sample Point Location/Remarks** |
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**1Sample Type**: RT = Routine; RP= Repeat; TG = Triggered Source Water for Ground Water Rule (untreated).

**2Repeat Location:** OR = original sample location; UP = upstream within 5 connections of OR; DN = downstream within 5 connections of OR.

**3TC** (total coliform)**/EC** (E.coli):The indicators used to indicate the presence or absence of coliform in the sample.

**4Count: (optional)** This field is only available if total coliform is found to be present.

**MDE/WMA/COM.006A Revised March 2016**