

Montgomery Laboratory  
 PO Box 244018  
 Montgomery, AL 36124-4018  
 (334) 260-3400

# BUREAU OF CLINICAL LABORATORIES

## Bacteriological Results of Drinking Water

Shaded Area for Lab Use Only

www.adph.org/bcl

Mobile Laboratory

757 Museum Drive  
 Mobile, AL 36608  
 (251) 344-6049

Time Collected				Date Collected			
24 Hour Clock				Month	Day	Year	

0	0	0					
PWS ID Number							

Date Received			Time Received			
Month	Day	Year	24 Hour Clock			

Collector's Name \_\_\_\_\_ ( ) \_\_\_\_\_ Collector's Phone Number \_\_\_\_\_ System Served \_\_\_\_\_ County \_\_\_\_\_

(Zip code not needed on Public Water) Sample code (circle one)  SM9221  SM9222  SM9223B  
 Mult Tube Ferm Membrane Filter MMO-Mug  
 Collection Point and Zip Code mg/l Cl CA CP FA C/T ECA ECP UNS Lab Number

1			D P S								
2			D P S								
3			D P S								
4			D P S								
5			D P S								
6			D P S								
7			D P S								
8			D P S								
9			D P S								

10	RAW		T F	Total Coli	Fecal Coli	C/T	E. coli	UNS	
11	RAW		T F						

**Testing Lab**  
 Mobile 10060  
 Montgomery 10070

**Sample Code Key**  
 D – Distribution Sample T – Total Coliform Sample  
 P – Repeat Sample F – Fecal Coliform Sample  
 S – Special Sample

**Results Key**  
 CA – Coliform absent  
 CP – Coliform present  
 FA – Fecal coliform absent  
 FP – Fecal coliform present  
 ECA – E. coli absent  
 ECP – E. coli present  
 C/T – Confluent growth or TNTC  
 UNS – Unsatisfactory (turn over)

Analyst Tested   
 Analyst Reviewed

Mail Report To:


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## INSTRUCTIONS FOR COMPLETING THE DRINKING WATER TEST REQUEST

1. Each sample should be uniquely labeled with its corresponding collection point number on the Test Request. Please include the PWSID and collection point description on the sample. NOTE: If more than eleven (11) samples are submitted, renumber the second Test Request from the beginning with No. 12, the third form beginning with the No. 23, etc., so each sample has a different collection point number.

2. Complete the following sections of the form:

- PWSID:** Identification number, assigned by ADEM Water Division, must be completed. The first 3 digits are preprinted. (Not applicable for private wells)
- Collector's name:** Name of the person who collected the sample.
- System served:** Legal name of your water system.
- County:** County in which your water system office is located. (For private wells, the county in which the well is located)
- Time collected:** Twenty-four hour clock format. For times after 12 noon, add 12 hours to the time and write those four numbers. For example, 3:45 pm would read 1545.
- Date collected:** Please record two digits each for month, day, and year. For example, June 9, 2010 would read 060910.
- Collection points:** Location where the sample is collected. Number and location should be the same as labeled on the corresponding sample(s).
- mg/l Cl:** Chlorine residual at the collection point in milligrams per liter. (Not applicable for private wells)
- Sample code:** For each sample, circle the letter to indicate the type of sample collected.
- Mail report to:** Address to which a copy of the final report should be mailed.
- Shaded areas:** DO NOT write in any shaded areas. These areas are for lab use only.
- Shipping:** Use address on front for all deliveries to the Mobile Lab; when shipping via USPS to the Montgomery Lab, use address on front; for shipping to the Montgomery Lab via courier, use physical address – 8140 AUM Drive, Montgomery, AL 36117.

### WATER SAMPLE INTERPRETATION

A mark in the C/T (Confluent or Too Numerous To Count) column indicates a very high number of bacteria are present. These bacteria may hide or mask coliform bacteria, and therefore, **the sample must be recollected and tested.**

If the CP, FP, or ECP column is marked, the sample is positive for total, fecal, or E. coli coliform per 100 ml respectively, and follow-up action is required. Public water systems must follow ADEM's regulations. Individuals should contact their local county health department environmentalist immediately for corrective action advice.

If the result is marked in the UNS (Unsatisfactory) column, contact the laboratory for an explanation. See UNS codes below.

### UNSATISFACTORY SAMPLE CODES

- A Sample over 30 hours old (sample over 6 hours old for Fecal/E. coli).
- B Sample leaked in transit.
- C Sample received on a non-scheduled testing day.
- D Incomplete or incorrect information.
- E Laboratory accident.
- F Unapproved sample bottle.
- G Sample submitted with less than 100 ml of water (must be filled to at least the 100 ml mark leaving air space for mixing of sample).
- H Sample bottle too full (insufficient air space for mixing of sample).
- J Other: