

**Prattville Laboratory**

P.O. Box 1000  
Prattville, AL 36067-9901  
(334) 290-6130

**Bureau of Clinical Laboratories**

Bacteriological Results of Drinking Water

**Mobile Laboratory**

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

**Shaded Area for Lab Use Only**

[www.adph.org/bcl](http://www.adph.org/bcl)

Time Collected				Date Collected			
24 Hour Clock				Month	Day	Year	

PWS ID Number					

Time Received				Date Received			
24 Hour Clock				Month	Day	Year	

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

Test Requested:  SM9221 Multi Tube Ferm  SM9223B MMO-Mug

(Zip code not needed on Public Water)  
Collection point and Zip Code

Mg/l Cl

Sample Code (Circle one)

CA CP 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						
11	RAW		T						

**Testing Laboratory**

Mobile 10060  
 Prattville 10070

**Sample Key**

D – Distribution Sample  
S – Special Sample  
P – Repeat Sample  
T – Total Coliform Sample

**Results Key**

CA – Coliform Absent  
CP – Coliform Present  
ECA – E.Coli Absent  
ECP – E.Coli Present  
UNS – Unsatisfactory (turn over)

Analyst Tested

Analyst Reviewed

Mail Report To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# BUREAU OF CLINICAL LABORATORIES

## 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 would read 1545.
  - Date collected:** Record two digits each for month, day, and year. For example, June 9, 2020 would read 060920.
  - Collection points:** Location where the sample is located. Number and location should be the same as labeled on the corresponding samples(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 Prattville Lab, use address on front. When shipping to the Prattville Lab via courier, UPS, or FedEx, use the physical address – 204 Legends Court, Prattville, AL 36066.

## WATER SAMPLE INTERPRETATION

If the CP, or ECP column is marked, the sample is positive for total, 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: