

THIS FORM IS TO BE USED
FOR COMPLIANCE WATER SAMPLES ONLY

TEMP (lab use only): _____ °C Date & Time Received at Laboratory: _____
Condition of bottle: OK: _____ Not OK: _____ Initials: _____

**MAINE DRINKING WATER PROGRAM (MDWP)
WATER TEST FOR: TOTAL COLIFORM BACTERIA**

CHECK THE OPTION(S) AND PROVIDE ADDRESS BELOW:

- ADDRESS CHANGE:
 SEND ADDITIONAL COPY TO:

LABORATORY INFORMATION:

**MAINE HEALTH AND ENVIRONMENTAL TESTING LABORATORY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
47 INDEPENDENCE DRIVE, AUGUSTA, MAINE 04330
GREENLAW BUILDING
TELEPHONE NO: 207-287-1717**

STEP ① Follow the instructions for collecting the sample(s) on the back of this form.

STEP ② Fill in all the information below for the sample(s).

STEP ③ SIGN the form.

IMPORTANT! The sample(s) will automatically be rejected if all the sampling information is not provided, and this form is not signed.

INFORMATION IS REQUIRED for EACH BOTTLE in the ANALYTICAL TEST KIT:

BOTTLE NUMBER	Sampling Location(s), in accordance with MDWP approved Bacteria Sampling Site Plan. (This needs to be entered by sampler each time.)	Date Sample Collected	Time Sample Collected AM/PM	Does system water contain chlorine? (Please circle one)	CL2 RESIDUAL (IF REQUIRED)		Sampler's Initials
					FREE	TOTAL	
1				YES / NO			
2				YES / NO			
3				YES / NO			
4				YES / NO			
5				YES / NO			
6				YES / NO			
7				YES / NO			
8				YES / NO			
9				YES / NO			
10				YES / NO			

Town where sample was collected (if different from label) _____ Comments: _____

I certify that I collected this sample (s) at the location, date, and time indicated above, and that I collected the sample(s) in accordance with the sampling directions provided.

Signature:	Print Name for Data Entry at Lab	Telephone:
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IMPORTANT NOTICE:

SAMPLES MUST BE RECEIVED AT THE HETL WITHIN 30 HOURS OF COLLECTION.

DO NOT COLLECT AND MAIL YOUR SAMPLE ON A FRIDAY OR SATURDAY, OR THE DAY BEFORE OR ON A HOLIDAY, AS THESE SAMPLES WILL BE REJECTED AND SAMPLES WILL REQUIRE RESAMPLING.

INSTRUCTIONS FOR COLLECTING COMPLIANCE WATER SAMPLES FOR TOTAL COLIFORM BACTERIA

Note: Sample kits are pre-coded and can ONLY be used for the tests and public water systems listed.

Note: Do not change the test codes or switch the paperwork or bottles from other sample kits.

1. Collect sample at the location indicated on your bacteria sampling site plan.
2. DO NOT rinse out the sample containers. The white powder or liquid droplets contained within each sample container is critical to analysis. Keep cap on sample container until sample collection.
3. Remove any screen, hoses, and aerators from end of faucet.
4. Disinfect the end of sample port by dipping the end of the faucet in a cap full of bleach before turning on water for sample collection.
5. Run **COLD** water for 5-10 minutes. This flushes water from the system that may have been sitting stagnant in the pipes or tanks for an extended period of time and guarantees collection of a clean representative sample.
6. Turn water down to prevent splashing during sample collection and run water for additional one minute.
7. Remove any seal, if present, from the bottle. Uncap sample container(s) and fill with water to the 120 mL line. If there is no line, then fill only to the bottle's shoulder so to leave air space. TAKE CARE NOT TO TOUCH THE INSIDE OF THE CAP OR SAMPLE CONTAINER. NOTE: If you drop the cap in the sink or on the floor, do not submit the sample using this kit. Request a replacement from the lab.
8. Screw the cap on tightly.
9. Fill out the required information on sample form. Please be sure to **SIGN THE FORM**. The sample will be **REJECTED** unless the form has a signature.
10. Return sample containers with completed paperwork to lab. If mailed, use the enclosed label "Water Sample First Class Non-PMPC Direct to Augusta."

IT IS STRONGLY SUGGESTED THAT THE SAMPLES ARRIVE AT THE LAB WITHIN (24) HOURS OF COLLECTION TO ENSURE SAMPLES ARE ANALYZED WITHIN HOLD TIME (30 HOUR HOLD TIME). HOWEVER, SAMPLE MUST ARRIVE AT LAB WITHIN 30 HOURS OF COLLECTION.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE MAINE DRINKING WATER PROGRAM AT (207) 287-2070 OR THE LABORATORY AT (207) 287-1717.