

Test Method: SM 9223B

Lab Sample ID# _____

Water Supply System Name: _____

WSS Code No. (5 digits) NM35 Chlorine Yes/No _____ Free: _____ mg/l Total: _____ mg/l

Date Collected: _____ Time Collected (24 hr): _____

Please circle the "Type" of sample from one of the Six selections below and fill out the information for your selection (all shaded boxes must be filled out completely). Only one selection per sample submitted. All samples are considered "For Compliance" except for Special samples.

1. Routine Sample Point ID: RT _____ Location: _____

2. Repeat Sample Point ID: RP _____ Location: _____
Original Lab Sample ID# _____

3. GW Triggered Source Source Facility ID# _____ Source Facility Name: _____
Original Lab Sample ID# _____ Sample Point ID# SP _____ 1

4. GW Repeat (only if GW triggered was ec+) Source Facility ID# _____ Source Facility Name: _____
Triggered Source Lab Sample ID# _____ Sample Point ID# SP _____ 1

5. Special Location: _____

6. E-Coli Enumeration (LT2) Facility ID# _____ Facility Name: _____
Turbidity (ntu's) _____

FIELD SAMPLE DATA & REMARKS pH: _____ Conductivity (µS/cm) _____ Temp. (°C): _____
Comments: _____

Collected By (print): _____	Operator ID# (5 digits) _____	Phone Number: _____	
Relinquished by (signature): _____	NM _____	Date: _____	Time: (24 hr.) _____
Received by name: _____	Signature: _____	Date: _____	Time: (24 hr.) _____
Relinquished by name: _____	Signature: _____	Date: _____	Time: (24 hr.) _____
Received by name: _____	Signature: _____	Date: _____	Time: (24 hr.) _____

SAMPLE RECEIPT CONDITION Temp (°C): _____ Custody Seals: Yes/ No _____ Intact: Yes/ No _____
Preservative: Ice Yes/ No _____ Comments: _____

Test			Test Results	
Start	Date: _____	Time (24 hr) _____	Volume Assayed: _____ ml	
			TC (P/A) _____	EC (P/A) _____
Finish	Date: _____	Time (24 hr) _____	EC Enumeration: (per 100 ml) _____	(units?) _____

First Analyst: _____ Date: _____ Time (24 hr) _____