



TOTAL COLIFORM / GROUNDWATER RULE REPORTING

State Form 53297 (R3 / 1-13)
Indiana Department of Environmental Management (IDEM)
Office of Water Quality - Drinking Water Branch - Compliance Section

Lab received: / /
(mm/dd/yy)

Time received: : AM
 PM

Date reported: / /
(mm/dd/yy)

CERTIFIED LAB NUMBER: **M** - -

TO BE COMPLETED BY THE PUBLIC WATER SYSTEM

Samples will not be analyzed if this form is not complete. Use black ink.

Laboratory, please send a copy to:

Name: _____

Street: _____

City: _____ IN ZIP: _____

Organization telephone number: () - _____

PWSID:
I N

Collection Date (mm/dd/yyyy): / / Collection Time: : AM
 PM

Sample Location Address:

Sample Comments / Remarks (tap, sink, boil water, etc.)

Chlorine Residual at Sample Location:
FREE . mg/L **TOTAL** . mg/L

SAMPLE TYPE (check appropriate box):
 TCR: Routine Repeat Special
 GWR: Source triggered (TG) Source additional (CO)
 Well Number / ID:

Date of Original Sample – only if repeat or additional (mm/dd/yyyy):
 / /

Lab Sample ID of Original Sample:

Additional Comments:

Printed Name and Initials of Sample Collector:

Printed Name and Initials of Certified Operator:

ANALYSIS DATA – FOR LAB USE ONLY

Lab Sample ID:

TEST RESULTS: Total Coliform

METHOD:
 MF MPN LST P/A MM P/A MM QT

RESULTS:
 PRESENT ABSENT Most probable number:

Analyst: _____ Date: / / Time: _____

TEST RESULTS: Fecal Coliform E Coli

METHOD:
 MF MPN LST P/A MM P/A MM QT

RESULTS:
 PRESENT ABSENT Most probable number:

Analyst: _____ Date: _____ Time: _____

HETEROTROPHIC PLATE COUNT:
 /1.0mL /0.1 mL TMTc (Too many to count)

* If MPN or MMQT is checked, the result is a statistical determination of the most probable number per 100 mL. If MF is checked, the result is in organisms per 100 mL. If P/A is checked, the result is present or absent.

FOLLOW-UP ACTION IS REQUIRED:

SUBMIT REPEAT SAMPLES

SAMPLE WAS REJECTED BECAUSE:

Too long in transit (> 30 hours)
 Invalid or no collection date and/or time
 High background count
 Sample broken or leaked in transit (insufficient volume)
 Residual chlorine present

**DIRECTIONS FOR FILLING OUT PUBLIC WATER SYSTEM REPORT
STATE FORM 53297**

- A. Print clearly, **filling in ALL information in the left hand column** of the bacteriological report form.
- B. Return the completed form with your sample to the laboratory within 30 hours of collection. Samples over thirty (30) hours old (from the time of collection) will not be analyzed.
- C. Fill in the following information:
1. **NAME / ADDRESS** --Where the sample result should be sent.
 2. **ORGANIZATION PHONE NUMBER** -- Including area code of the Public Water System.
 3. **PWS ID (Public Water Supply Identification)** -- This is a unique number assigned your water supply for identification purposes. The PWS ID number is **required** for the analysis to be performed.
 4. **COLLECTION DATE** – Indicate the month, day, and year that the sample was collected. The collection date is **required** for the analysis to be performed.
 5. **COLLECTION TIME** -- Indicate the time of day that the sample was collected. The collection time is **required** for the analysis to be performed.
 6. **SAMPLE LOCATION ADDRESS** -- A sampling site representing the distribution system is required under 327 IAC 8-2-8(a). Fill in the address of this sampling location.
 7. **SAMPLE COMMENTS/REMARKS** -- Enter specifics relating to the sample. i.e. bathroom sink, raw water, new main, boil water advisory, etc.
 8. **CHLORINE RESIDUAL** -- Indicate chlorine residual and whether it is measured as free or total residual. Please note that only one decimal point is required (e.g., 0.39 will have to be rounded and reported as 0.4).
 9. **SAMPLE TYPE & DATE ORIGINAL SAMPLE COLLECTED** -- Check appropriate square to indicate type of sample: “**routine**”, “**repeat**”, or “**special**”. If the sample type is a “repeat” sample, indicate the date when the original positive sample was collected, and the lab sample id of original sample. OR check if the type of sample is collected from the source triggered or source additional (confirmation).
 10. **ADDITIONAL COMMENTS** -- Add any additional sample descriptions not already mentioned. Be sure to describe the reason for any “special” samples.
 11. **PRINTED NAME & INITIAL OF SAMPLE COLLECTOR** -- Person who collected the sample.
 12. **PRINTED NAME & INITIAL OF CERTIFIED OPERATOR** -- A Certified Operator is required under 327 IAC 8-12 for Nontransient Noncommunity & Community Water Systems.
- D. USE THE ENCLOSED BOTTLE. SAMPLES SUBMITTED IN OTHER CONTAINERS WILL **NOT** BE ANALYZED. THIS BOTTLE CONTAINS SODIUM THIOSULFATE, WHICH MAY APPEAR AS DROPLETS OF A WHITE POWDER. DO NOT RINSE THIS OUT. FILL EXACTLY TO THE 100 ML LINE.

EXPLANATION OF SAMPLE STATUS

ANOTHER SAMPLE WILL HAVE TO BE SUBMITTED IF ANY OF THE FOLLOWING ARE INDICATED ON THE REVERSE:

1. **SUBMIT REPEAT SAMPLES:** Original (routine) sample was positive.
2. **TOO LONG IN TRANSIT:** Sample received more than thirty (30) hours after collection.
3. **INVALID OR NO COLLECTION DATE AND/OR TIME:** Samples will not be analyzed without a collection date or time. Samples received in lab with date of collection later than time received has an invalid date.
4. **SAMPLE BROKEN OR LEAKED IN TRANSIT, INSUFFICIENT VOLUME:** Sample container was damaged or leaked in transit resulting in insufficient sample volume. Test procedure requires 100 ml.
5. **RESIDUAL CHLORINE PRESENT:** The presence of chlorine in the sample interferes with testing, invalidating the sample.
6. **HIGH BACKGROUND COUNT:** Sample contained a large number of bacteria which inhibits an accurate determination of coliform bacteria.