

MICROBIOLOGY COLLECTION DATA AND TEST REPORT

Time Received:
am / pm
Chlorinated System
Y N

LACONIA WATER WORKS
 988 Union Ave. Laconia, N.H. 03246
 Laboratory 524-1096

Sample kept in
Cooler w/ Ice
Y / N
Paid amount

NH ELAP STATE ACCREDITED LABORATORY # 1021

PLEASE FOLLOW INSTRUCTIONS ON THE BACK OF THIS SHEET.
 FILL IN ALL INFORMATION (PLEASE PRINT)

NAME: _____

ADDRESS: _____ TELEPHONE: _____

CITY: _____ STATE: **NH** ZIP: _____

SAMPLING ADDRESS: _____

TYPE OF SYSTEM: () Private () Brook () Spring
 () Public () Lake/Pond (X) Well

Date Sample Was Taken: _____ TIME: _____ a.m. / p.m.

PLEASE FILL SAMPLE BOTTLE

TEST RESULTS ARE FOR TOTAL COLIFORM AND E.COLI BACTERIA ONLY
RESULTS RELATE ONLY TO THE SAMPLES THAT ARE RECEIVED

A = ABSENT OF TOTAL COLIFORM/ ABSENT OF E.coli

P = PRESENCE OF TOTAL COLIFORM/ PRESENCE OF E.coli

Customer Use Only	LAB USE ONLY	LAB USE ONLY	LAB USE ONLY	LAB ONLY	LAB ONLY
SAMPLE LOCATION	UNIQUE I.D. #	Date/Time Received	Date/Time Tested	Total Coliform A or P	E. coli A or P

LACONIA WATER WORKS IS ACCREDITED BY THE STATE OF NEW HAMPSHIRE ACCREDITATION OFFICER TO PERFORM TESTING OF TOTAL COLIFORM BACTERIA AND E.COLI USING THE COLILERT METHOD, ACCORDING TO NELAC STANDARDS.

- () THIS RESULT IS ABSENT OF TOTAL COLIFORM AND E-COLI BACTERIA
- () THIS RESULT IS PRESENT FOR TOTAL COLIFORM BACTERIA
- () THIS RESULT IS PRESENT FOR E-COLI BACTERIA

SEAL

Analysis Performed and Issued By: _____

Analysis Accredited only if stamped by seal

Date :

PLEASE READ CAREFULLY

Choose a faucet with a separate cold-water lever. (If only a single lever faucet is available - set the lever to the cold side and do not adjust once running.) If faucet is equipped with a strainer or aerator, remove it and any rubber washers before collecting the sample. Wipe inside of the threaded faucet with alcohol or chlorine bleach, on a Q-tip to clear any debris that could drop into the bottle. Allow the cold water to run a minimum of five minutes to clear the pipes. Carefully remove the red plastic tab from the sample bottle and discard plastic seal. **Do not touch inner surfaces of cap or mouth of bottle.** Collect sample, **fill the sample bottle**

Replace cap. Do not take sample directly from well or spring.

Failure to follow directions may result in unsatisfactory sample results.

Take the sample in the morning and deliver it to the office with payment **before 1:00 PM** Monday - Friday (except holidays)

Sample(s) must be properly identified with your name. If more than one sample is taken, write sample 1, sample 2, etc. on the label, on the sample bottle, along with your name.

PLEASE NOTE :

1. Samples will be accepted in Laconia Water Works issued bottles only.
2. **Samples will not be accepted after 1:00 PM, Monday thru Friday.**
3. Samples should be refrigerated if held any length of time.
4. Samples more than 24 hours old will not be accepted.
5. Samples of less than 100 ml cannot be accepted.
6. If you want sample results mailed to you, please bring a self addressed, stamped envelope with the sample(s) and payment.

EXPLANATION OF TERMS :

Coliform Bacteria: The organisms in the total coliform group are called indicator organisms. that is, if present, they indicate that there is a **possibility, but not a certainty**, that disease organisms may **also** be present in the water.

(Above explanation taken from D.E.S. WSEB-4-1 Environmental fact sheet)

E. Coli Bacteria: **Escherichia Coli (e-coli).** This is a specific species (subgroup) within the coliform family. They originate only in the intestines of animals and humans. Like fecal coliform they have a relatively short life span compared to more general coliform. Their presence indicates a strong likelihood that human or animal wastes are entering the water system.

(Above explanation taken from D.E.S. WSEB-4-1 Environmental fact sheet)