

MICROBIOLOGICAL RESULTS

COLIFORM ABSENT: No coliform bacteria found. -- **Safe sample.**

TOTAL PRESENT: Coliform bacteria present in sample
(finished water). -- **Unsafe sample.**

E.Coli PRESENT: E.Coli Bacteria present in any concentration
(finished water). -- **Unsafe sample.**

INVALID: Too old, form incomplete or post dated, insufficient amount
or leaked, lab accident, or any other condition which prevents
the determination of the presence or absence of coliforms.

RESAMPLING INSTRUCTIONS:

All resamples are to be collected on the same day and within 24 hours of the receipt of the sample results.

ABSENT: - No resampling necessary.

PRESENT: - Collect one repeat sample at the site of the original unsafe sample, collect one repeat sample upstream within five service connections, and collect one repeat sample downstream within five service connections. If the PWS has only a single tap, collect all resamples from the same tap. (place original lab number on collection forms)
- If the original sample is total coliform positive and a repeat sample is E.Coli positive, or vice versa, an acute maximum contaminant violation exists and notification must be given to your customers within 72 hours. Contact the Engineering Section immediately for instructions.

- If system is on Ground Rule Triggered monitoring, must collect raw raw water samples from all sources in operation on day of Positive sample. (place original lab number on collection forms)

INVALID: - Collect a replacement sample at the same location as the invalid sample. (place original lab number on collection forms)

NOTE: An overnight courier system for bacteriological samples is available to public water systems through the county health unit. The service is free of charge for those water system who have paid the yearly fee assessment. Contact the health unit in the county for pickup time. Obtain a receipt form the health unit when the bottles are delivered.

If using the mail, we recommend you ensure the bottles will be received the next day. Always obtain a receipt from the postmaster.

Operator Comments: _____

Note: Maximum Residual Disinfectant Levels (MRDL): Chlorine & Chloramines -- 4.0 ppm (as Cl2)

RETURN THIS FORM BY THE 10TH OF THE FOLLOWING MONTH TO: ENGINEERING SECTION, SLOT H37
ARKANSAS DEPARTMENT OF HEALTH
4815 W MARKHAM ST
LITTLE ROCK, AR 72205

| Population | Min. # / Month |
|-------------------|----------------|
| 25-1000 | 1* |
| 1001-2500 | 2* |
| 2501-3300 | 3 |
| 3301-4100 | 4 |
| 4101-4900 | 5 |
| 4901-5800 | 6 |
| 5801-6700 | 7 |
| 6701-7600 | 8 |
| 7601-8500 | 9 |
| 8501-12,900 | 10 |
| 12,901-17,200 | 15 |
| 17,201-21,500 | 20 |
| 21,501-25,000 | 25 |
| 25,001-33,000 | 30 |
| 33,001-41,000 | 40 |
| 41,001-50,000 | 50 |
| 50,001-59,000 | 60 |
| 59,001-70,000 | 70 |
| 70,001-83,000 | 80 |
| 83,001-96,000 | 90 |
| 96,001-130,000 | 100 |
| 130,001 - 220,000 | 120 |

* Only for Transient Systems
All Community and Non-Transient Systems must collect a minimum of 3 samples/month