Collect the Private Water Well Sample

Total Coliforms/E. coli Test



• Select the faucet from which the sample will be collected. It is recommended that the sample be collected from a faucet as close to the well as possible, but not a kitchen or bathroom faucet. The selected tap should not have a leaky valve stem, screw-on vacuum breaker or swivel faucet.

• Wipe the faucet with a CLEAN household towel to remove any debris. DO NOT flame the tap or use any other cleaning agent.



Turn your <u>cold</u> water all the way on and let it run down the drain for 3 minutes.

- 1. At the end of 3 minutes, turn the water down to a low stream.
- 2. Pick out the clear bottle from the kit and remove the plastic seal.
- There is a white powder residue or clear liquid inside the bottle.
 DO NOT rinse the bottle.
- With clean hands, take off the cap.
 Do not touch the inside of the cap or bottle.
- 5. Fill the bottle directly from the faucet. Fill up to the 100 mL line on the bottle. Be careful not to under fill the bottle. If overfilled, do not pour out. Overfilled samples will not be rejected.
- 6. Put the cap back on. Close finger tight to make sure it doesn't leak.





Fill out the Sample Form

The following information must be included on the Lab form:

*Print firmly with blue or black ball point pen only. Do not use pencil or white out.

- Name, street address and parish where the sample was collected
- Email address and phone number
- Name of individual who collected the sample
- Date collected
- Time collected (in military time, for example, 1:00pm is 1300 hours)
- Point of Collection
- Type of supply: #5, private supply

of Project Code_200	Lab Use Only
OUISIANA DEPARTMENT OF HEALTH, OFFICE OF PUBLIC HEALTH LABORATORIES, VATER MICROBIOLOGY ABORATORY REQUEST AND REPORT FORM	
OLD PRINT INDICATES REQUIRED INFORMATION. NCOMPLETE INFORMATION MAY CAUSE SAMPLE REJECT	RECEIVED BY:
ame of Supply	E-mail
John Doe	John Doe @ email. com
123 Main Street	985 - 123 - 4567
ity State Zip Paris	
Hnytown LA TODOO E	E. Buton Rouge John Doe
UBLIC WATER SUPPLY (PWS) ID (1-7) DATE COLLI	ECTED TIME COLLECTED
0520	24 (8-13) 1425 (14-17)
Mo Day	Y YY 24 Hour Million Time
oint of Collection (POC) ID and POC Location Descr	iption Please Plint or Type
Nell Faucet	
I. Routine Addine Addine	n Tan B. Triggered Ground Water
LABORATO	ORY USE ONLY
MMO-MUG Total Coliform P/A	MMO-MUG E. coli P/A
0. Not Found 1. Present (48)	0. Not Found (50)
MMO-MUG Total Colform MPN MPN / 100 ml	MMO-MUG E. coli MPN MPN / 100 ml
Multiple Tube Fermentation Total Coliform MPN / MPN / 100 ml	Multiple Tube Fermentation E. coli MPN MPN / 100 ml
Standard Plate Court / 1 ml	Other Tests
Remarks	
Date Analyzed: Time Analyzed: Analyst:	Reviewed By:
Time Analyzed: Analyst:	Reviewed By: RATORY COPY Sample No. \$1542977

Final Bottle Preparation:

- 1. Use a permanent marker to write the S# underneath the 100 mL line.
- 2. Remove the S# strip from the bottom of the Lab form and stick it on top of the sealed bottle cap.
- 3. Samples must be received for testing within 30 hours of collection time.
- 4. Testing on Mondays through Thursdays only, no weekends, holidays or days before a holiday.
- 5. See below for the link for sample drop off locations, days and times: <u>https://www.la.egov.com/ldh/privatewell/Home</u> /AllDropOffLocations
- 6. Results will be available within 24 hours of lab receipt and emailed to the email submitted.

