

## ILLINOIS COLIFORM ANALYSIS REPORT

**NOTE: Bacteriological samples must reach the laboratory in time for analysis to be started within 30 hours of collection. Items A - D and 1 - 6 must be completed or the sample may be discarded.**

A. Water System No.: IL \_\_\_\_\_ Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_  
 B. Name: \_\_\_\_\_ Date Analyzed: \_\_\_\_\_ Time Analyzed: \_\_\_\_\_  
 C. Surface supply: \_\_\_\_\_ Yes \_\_\_\_\_ No Results Reported Electronically: \_\_\_\_\_ Yes \_\_\_\_\_ No  
 D. Chlorine Exempt: \_\_\_\_\_ Yes \_\_\_\_\_ No

You may complete this application online, save a copy, print, sign and mail it to the QCA Analytical Services address above.

1. **Mail Water Supply copy to:** Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

2. **Unsatisfactory results Contact:** Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Ph: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

3. **Date Collected:** \_\_\_\_\_ 4. **Sample Collector:** \_\_\_\_\_

5. **Sample Purpose:**  Routine  Replacement  Repeat  Customer Complaint  Repair or Maintenance  
 New Construction (Permit No. \_\_\_\_\_ FY \_\_\_\_\_)  Boil Order  Other: \_\_\_\_\_

\*\*\* **For Repeats Only:** Original Sample No. \_\_\_\_\_ Original Collection Date \_\_\_\_\_ Original Lab ID: IL \_\_\_\_\_

6. Coliform Sampling (for Repeat include Site # and Address)			Time Collected	Res Cl		7. Col Read	8. Total Coli	9. Fecal/ E.Coli	10. Lab Sample No.
Bottle #	Sample Site #	Address		F	T				

Person Notified \_\_\_\_\_ See No. 2 above \_\_\_\_\_ Date: \_\_\_\_\_

Colilert - Presence/Absence : 9223B-PA  Colilert - Quanti-tray : 9223B-QT  Membrane Filter : 9222B  ReadyCult

Reported by Analyst: \_\_\_\_\_ Date: \_\_\_\_\_ No. of Bottles Sent: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Replacement: \_\_\_\_\_