

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

Complete this report, 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.
Sample Site #	Address		F	T				

Person Notified (See No. 2 above) _____ Date: _____

Colilert - Presence/Absence : 9223B-PA Colilert - Quanti-tray : 9223B-QT

Other - Specify test method: _____

Reported by Analyst: _____ Date: _____ No. of Bottles Sent: _____ Date: _____

Reason for replacement: _____

Client Signature: _____

QCA Analytical Signature: _____