



Bureau of Public Health Laboratories
Jacksonville, Miami, Tampa

*(consecutive form #'s
as a red, six-digit # and
non-duplicating!!)*

**SAMPLE SUBMISSION FORM
FOR DRINKING WATER
BACTERIOLOGICAL ANALYSIS**

Analysis Requested: (please check all that apply):

- Standard Coliform Test
- HPC
- Other: _____

System/Owner's Name: _____

County: _____ **Collector:** _____ **Collector Phone #:** _____

Collection Address: _____

Collection City: _____ **Collection State:** _____ **Collection Zip:** _____

Comments: _____

The following information must be completed if requesting DEP compliance drinking water analysis

System I.D. Number: _____ **System Phone Number:** _____ **District:** _____

Type of Supply (check appropriate box):

- Community water system
- Noncommunity water system
- Nontransient/Noncommunity
- Limited Use system
- Private well
- Swimming pool
- Bottled water
- Other _____

Type of Sample (check appropriate box):

- Compliance
- Main Clearance
- Well Survey
- Repeat
- Replacement
- Other _____

For Lab Use Only

Sample Temperature _____ °C on ice not on ice
Chlorine Check not detected detected
 Samples do not meet the following NELAC requirements

To be completed by collector of sample

To be completed by lab

Coll. No.	Sample Point (Location or Specific Address)	Date Coll.	Time Coll.	Raw/ Dist.	Cl Res'd	pH	Analysis Method:				Lab Number	
							Temp	Reject Code	Non Coliform	Total Coliform		E.coli/FC

Lab comments/qualifiers _____

Average of Disinfectant Residuals*
Disinfectant Residuals Analysis Method: DPD ___ Other _____
Disinfectant Analysis Certified Operator # _____

All tests are performed in accordance with NELAC standards and are tested as samples are received.
A = coliforms absent; P = coliforms present;
EC/MUG; MMO/MUG = SM9223B;
HPC = SM9215B, P-A= SM9221 D/F

*DEP Community & Nontran./noncomm. ≤ 4900 pop. not including raw or plant samples in avg.

Name and Mailing Address of Person to Receive Report

FAX #: _____

- Satisfactory
- Incomplete Collection Information
- Repeat Samples Required
- Replacement Samples Required

Date Reported/ Faxed: _____
Reviewing Official/Title: _____

DH 655, 10/2023 Stock Number: 5740-000-0655-5

NOTE: Please see the reverse side form (Pink slip) for form completion, and sample collection instructions

Sample Collection Instructions

A. Completion of form:

- 1) Public Water Supplies: Fill in all spaces indicated on the reverse side of form.
- 2) All other systems (Limited Use, Private Wee, etc.) Fill all spaces except DEP System ID # and district.

B. Collection of water sample

- 1) Sample Bags or collection vessels are sterile and contain chlorine neutralizer. **DO NOT RINSE OR TOUCH THE INSIDE SURFACES OF COLLECTION VESSEL.**
- 2) Remove aerators, trainers, attached hoses, water purifiers or other devices.
- 3) Tap disinfection by flame or sodium hypochlorite is no longer recommended.
- 4) Collected water from taps must be cold.
- 5) Water should be run at least 5 minutes prior to collection.
- 6) Fill sample container above the 100 ml mark. Whirl-Pak bags should be whirled three times and the twist ties ends should be twisted together for the most secure seal. Please do not overfill the whirl-pak bags.
- 7) Label each sample bag/vessel with System name, collection site or number corresponding directly to the written number listed on the form by the collector.
- 8) Transport the samples to the laboratory in a cooler on ice or several frozen ice packs on the same day of collection.
- 9) Refrigerated samples have 30 hours to reach the laboratory for testing. After 30 hours the sample is invalid for testing.
- 10) Other Sample Rejection Criteria: Temperature more than 10°C, Low Volume Samples, Frozen Samples, and Chlorine Detected.