



# Rockford Water Division Environmental Laboratory

Coliform Analysis Report

1111 Cedar Street  
Rockford, Illinois 61102  
779-348-7151

**A. Facility No.** \_\_\_\_\_

**B. Facility Name:** \_\_\_\_\_

**C. Sampling Period:** \_\_\_\_\_

**D. Surface Supply:** Yes  No  **Date/Time Rec'd:** \_\_\_\_\_

**E. Chlorine Exempt:** Yes  No  **Date/Time Set Up:** \_\_\_\_\_

Samples must reach laboratory within 30 hours after collection  
Items A-E & 1-6 must be completed or sample may be discarded.

**Date/Time Read:** \_\_\_\_\_

<b>1. Mail Water Supply Copy To:</b>  <b>Address:</b>  <b>City:</b>  <b>2. Contact for Unsatisfactory Results:</b> <b>Name:</b> _____ <b>Phone:</b> _____	<b>3. Date Collected:</b> _____  <b>4. Sample Collector:</b> _____  <b>5. Sample Purpose:</b> <table style="width:100%; border: none;"> <tr> <td><b>Routine</b></td><td><input type="checkbox"/></td> </tr> <tr> <td><b>Replacement</b></td><td><input type="checkbox"/></td> </tr> <tr> <td><b>Repeat</b></td><td><input type="checkbox"/></td> </tr> <tr> <td><b>Follow-Up</b></td><td><input type="checkbox"/></td> </tr> <tr> <td><b>Invalid Replacement</b></td><td><input type="checkbox"/></td> </tr> <tr> <td><b>New Construction</b></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><b>Original Lab Sample No.</b> _____</td> </tr> <tr> <td><b>Boll Order</b></td><td><input type="checkbox"/></td> </tr> <tr> <td><b>Repair</b></td><td><input type="checkbox"/></td> </tr> <tr> <td><b>Other:</b></td><td>_____ <input type="checkbox"/></td> </tr> <tr> <td><b>Maintenance</b></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><b>New Construction Permit No.</b> _____</td> </tr> </table>	<b>Routine</b>	<input type="checkbox"/>	<b>Replacement</b>	<input type="checkbox"/>	<b>Repeat</b>	<input type="checkbox"/>	<b>Follow-Up</b>	<input type="checkbox"/>	<b>Invalid Replacement</b>	<input type="checkbox"/>	<b>New Construction</b>	<input type="checkbox"/>	<b>Original Lab Sample No.</b> _____		<b>Boll Order</b>	<input type="checkbox"/>	<b>Repair</b>	<input type="checkbox"/>	<b>Other:</b>	_____ <input type="checkbox"/>	<b>Maintenance</b>	<input type="checkbox"/>	<b>New Construction Permit No.</b> _____	
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6. Coliform Sampling:					7.	8.	9.	10.	11.
Bottle#	Sample Site# or Address	Sample Type	Time Collected	Res. Cl. F or T	Col Read	Total Coli	Fecal/Ecoli	Opin	Laboratory Sample No.
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

Method: Membrane Filter  Readycult

Person Notified: \_\_\_\_\_

Date: \_\_\_\_\_

No. of Bottles Sent: \_\_\_\_\_

Date: \_\_\_\_\_

Analyst: \_\_\_\_\_

Lab Cert. **17597**

- Reason for Replacement:**
- Samples more than 30 hours old
  - No Date/Time of Collection
  - Other: \_\_\_\_\_