

MICROBIOLOGICAL RESULTS

COLIFORM ABSENT: No coliform organisms found. -- **Safe sample.**

TOTAL, FECAL, or E.coli PRESENT: Coliform present in any concentration (finished water). -- **Unsafe sample.**

INVALID: Too old, form incomplete or post dated, insufficient amount or leaked, lab accident, or any other condition which prevents the determination of the presence or absence of coliform.

RESAMPLING INSTRUCTIONS:

All resamples are to be collected on the same day and within 24 hours of the receipt of the sample results.

SAFE: - No resampling necessary.

UNSAFE:

- Collect one repeat sample at the site of the original unsafe sample, collect one repeat sample upstream within five service connections, and collect one repeat sample downstream within five service connections. If the PWS has only a single tap, collect all resamples from the same tap.
- If the original sample is total coliform positive and a repeat sample is *E.Coli* positive, or vice versa, an acute maximum contaminant violation exists and notification must be given to your customers within 72 hours. Contact the Engineering Section immediately for instructions.
- Through March 2016, transient systems collecting 1 routine sample must collect 4 repeat resamples.

INVALID: - Collect a replacement sample at the same location as the invalid sample .

NOTE: An overnight courier system for bacteriological samples is available to public water systems through the county health unit. The service is free of charge for those water system who have paid the yearly fee assessment. Contact the health unit in the county for pickup time. Obtain a receipt form the health unit when the bottles are delivered.

If using the mail, we recommend you ensure the bottles will be received the next day. Always obtain a receipt from the postmaster.

Operator Comments: _____

Note: Maximum Residual Disinfectant Levels (MRDL): Chlorine & Chloramines -- 4.0 ppm (as Cl2)

RETURN THIS FORM BY THE 10TH OF THE FOLLOWING MONTH TO: ENGINEERING SECTION, SLOT H37
 ARKANSAS DEPARTMENT OF HEALTH
 4815 W MARKHAM ST
 LITTLE ROCK, AR 72205

Population	Min. # / Month
25-1000	1*
1001-2500	2*
2501-3300	3
3301-4100	4
4101-4900	5
4901-5800	6
5801-6700	7
6701-7600	8
7601-8500	9
8501-12,900	10
12,901-17,200	15
17,201-21,500	20
21,501-25,000	25
25,001-33,000	30
33,001-41,000	40
41,001-50,000	50
50,001-59,000	60
59,001-70,000	70
70,001-83,000	80
83,001-96,000	90
96,001-130,000	100
130,001 - 220,000	120

* Only for Transient Systems
 All Community and Non-Transient Systems must collect a minimum of 3 samples/month