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Long Term 2 Enhanced Surface Water Treatment Rule – E. coli Sample Collection And Reporting Form
Read enclosed instructions before sampling!

Sampler Section (For field sampler use only):

Utility Information Public Water System (PWS) Name:		Facility Name:	
PWS Identification Number (PWSID):		PWS Facility ID Number:	
PWS Street Address:	City:	State:	Zip Code:

Sample ID (one sample per form)	Date/Time of Sample Collection:	Sample Collection Point ID:	Sample Collection Point Name and Description:	Source Water Type (Please check one):
				<input type="checkbox"/> Flowing Stream (FS) GWUDI – FS <input type="checkbox"/> Reservoir/Lake (RL) GWUDI – RL <input type="checkbox"/> Other (Please describe):
Sampler signature:			Date signed:	

**Sample must arrive at <10°C!! Or within 2 hours of collection.
Return sample to the lab ASAP (analysis required within 30 hours).**

Laboratory Section (For laboratory use only):

LGN#:

Laboratory Information Laboratory Name: Analytica-Anchorage (AK00969)			Telephone Number: 907-258-2155 Phone, 907-258-6634 Fax			
Set-up Date:	Set-up Time:	Set-up Analyst:		Read-out Date:	Read-out Time:	Read-out Analyst:
Sample Received By:			Received Date:		Received Time:	
Cooler/Ice Condition:			Sample Shipment Method:			
Temperature Upon Receipt(°C):		T. Blank Sample	Cooler Other	Thermometer ID:		Additional Comments (e.g. sample conditions (intact, cracked, leaking, etc.), if sample rejected-please elaborate here, etc.):
Analytical Method Used: SM 9223B Colilert-18 Quanti-tray 2000			Volume Analyzed: 100ml			
Small Wells Fluoresce	Large Wells Fluoresce		E. coli /100mL Results:			
Analyst/Project Manager Signature:				Date signed:		

Send copy of completed form via USPS to:

Wendy Marshall
U.S. EPA
1200 Sixth Avenue, Suite 900, OWW-136
Seattle, WA 98101
PHONE - (206) 553-1890

Send data to ADEC via EDRS.