

**Sampling and Shipping Instructions: Total Coliform and *Escherichia coli*
in Drinking Water for Compliance/Regulatory Purposes**

ATTENTION: Please remember to provide the information requested on the opposite side of this form.

1. Samples are accepted for analysis on Monday through Thursday from 8:00 a.m. to 4:00 p.m. Please make checks payable to UGA-FEW Lab. Payment is due upon receipt of sample unless prior arrangements are made
2. Samples must be received for analysis within 24 hours of the collection time. Therefore, collect and ship samples on the same day using overnight shipping, please collect and ship samples on Monday through Wednesday only.
3. **If you have shock chlorinated your well you must wait until the chlorine has dissipated before collecting sample.**
4. Completely fill out the information requested on the opposite side of the form. *Essential information must be completed for the sample to be accepted.
5. Select an inside faucet that is clean not leaking.
6. Remove any faucet attachments such as filters, aerators, screens, splashguards or water-saver valves.
7. Sanitize the faucet inside and out by dipping the faucet neck into undiluted chlorine bleach (do not use color-safe bleach).
8. Open tap (**COLD WATER ONLY**) fully and flush the faucet and pipes by running water for 3 minutes. Do not turn off the water, but reduce the flow to avoid splashing.
9. Uncap the sample bottle without touching the inside of the cap or bottle, fill the bottle above the 100 mL line, but not completely full and recap. Please note that the white substance in the bottle is a dechlorinating agent. Fill the bottle only once; do not rinse.
10. **Important: The sample (especially source water) should be immediately placed in a cooler with ice and transported to the laboratory for analysis. Frozen samples will not be accepted. Surface water samples will be flagged if >10 °C unless collection time is less than 2 hours.**
11. Place sample in the same box, seal the sample box, ship the box using "Next Day Air" option or hand deliver it to the Ag Services Lab., 2300 College Station Rd., Athens.

**AESL-FEW Sample Submission Form for: Total Coliform and *Escherichia coli*
 in Drinking Water for Compliance/Regulatory Purposes**

Attention: Instructions for collecting and delivering the sample are on the opposite side of this form.

Client Information	For Repeat Samples Only	
Name:	Previous Positive Log#:	
Address:	Repeat Location Type (check one below)	
City, State, Zip:	Same Location as Positive:	Upstream (within 5 connections):
Phone:	Downstream (within 5 connections):	Fourth Repeat Sample:
Fax:	Lab use only	
Email:	Transit Water Temp. (<10 °C):	
Sample Information	Lab # FEW:	
County:	Date/Time Received and Received By:	
Date/Time Sampled:	Carrier:	
Collected by (Name):	County Contact:	
System ID Number:	Chlorine (Y / N):	
Name of System:	Accept/Reject (A / R):	
Sample Type (circle): 1-Routine 2-Repeat 3-Replacement 4-Source Approval 5-Special 6-GWR Source 7-GWR Repeats	Paid (Y / N):	
Location (circle): 1-Entry Point 2-Tap in Distribution System 3-End Point 4-SourceIntake	Check#/Cash:	
Sample Location Code (from sample site plan):	Date/Time Analyzed:	
Chlorine Residual at Tap (Y/N):	Special Notes:	
SIGNATURE of Sender:	Date:	
Payment: ___ Check Enclosed ___ Bill County		