

### **Sampling Instructions: Total Coliform and *Escherichia coli* in Crop Protection and Irrigation Water**

Please remember to provide the information requested on the next page 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. Provide the information requested on the opposite side of the form.
4. Select the appropriate sampling area needed to obtain a representative sample of the crop protection or irrigation water. For either irrigation or crop protection water from either a well or surface source, collect the sample at the point of use, just prior to application in the case of irrigation or in the case of crop protection water, just prior to filling the spray tank. If you need help selecting a sampling location, contact your county extension agent or GAP auditor.
5. Fill the bottle completely, leaving only a small air space.
6. The white substance in the bottle is a dechlorinating agent. Please do not rinse the bottle.
7. 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.
8. We encourage you to maintain sample temperature <math><10^{\circ}</math> C using icepack(s) during transit to the laboratory.

**Submission Form: Total Coliform and *Escherichia coli* in Crop Protection and Irrigation Water**  
 Instructions for collecting and delivering the sample are on the previous page of this form.

<b>County Extension Office:</b>		<b>Sample Location (if different from client address)</b>	
<b>Signature of the county employee:</b> (Needed if submitted through the county extension office)		County:	
Payment: ___ Check Enclosed ___ Bill County		Address:	
<b>Client Information</b>		City, State, Zip:	
Name:		<b>Lab use only</b>	
Address:		Lab # FEW:	
City, State, Zip:		Date/Time Received with Initials: _____	
Phone:		Time Transferred to Lab:	
Fax:		Carrier:	
Email:		Chlorine (Y / N):	
<b>Sample Information</b>		Accept/Reject (A / R):	
Date/Time Sampled:		Paid (Y / N):	
Sample ID:		Date/Time Analyzed:	
Surface or Well Water:		<b>Results (MPN/100mL):</b>	
Type of Surface Water:		Total Coliform:	
Well Diameter (if applicable):	Well Depth (if applicable):	<i>Escherichia coli</i> :	
Comments:			