

**Sampling Instructions: *Escherichia coli* in Recreational Water (W39)**

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 for the recreational use of the water. If you need help selecting a sampling location, contact your county extension agent or the FEW Laboratory.
5. Uncap the sample bottle without touching the inside of the cap or bottle, collect the water sample by holding the bottle near its base and plunging it, neck downward, below the surface. Turn bottle until neck points slightly upward and mouth is directed toward the current. If there is not current, create a current artificially by pushing the bottle forward horizontally in a direction away from hand. Collect the samples approximately 0.3 m or 1 ft below the water surface.
6. The white substance in the bottle is a dechlorinating agent. Please do not rinse the bottle.
7. It is best to take samples during a range of environmental and climatic conditions, especially during times when maximal pollution occurs.
8. 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.
9. We encourage you to maintain sample temperature  $<10^{\circ}$  C using icepack(s) during transit to the laboratory.

**Submission Form: *Escherichia coli* in Recreational Water (W39)**  
 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)  Payment: ___ Check Enclosed ___ Bill County	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:
Type of Surface Water (Pond,Stream,etc):	<b>Results (MPN/100mL):</b>
Sampler's Name:	<i>Escherichia coli</i> :
Comments:	