



### **Sampling Instructions: Fecal Coliform in Surface Water (Ponds, Lakes, Streams, Rivers, etc.)**

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 1:00 p.m. If you need a next day shipping label from us, please add an extra \$10 to the actual fee of \$36 required for the laboratory test. Please make checks out to UGA-FEW Lab.
2. Samples must be accepted for analysis within 24 hours of the collection time. Therefore, plan ahead by pre-selecting a day and time to collect your sample that will allow for shipping or travel time.
3. Completely fill out the information requested on the opposite side of the form. **Essential information must be completed for sample to be accepted.**
4. Select the appropriate sampling area needed to obtain a representative sample for the water body. If help is needed making this choice, please contact Uttam Saha or the Lab Supervisor at 706-542-7690.
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 in the hand 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 no current, create a current artificially by pushing bottle forward horizontally in a direction away from the hand. Collect the samples approximately 0.3 m below the water surface.
6. **The white substance in the bottle is a dechlorinating agent. Please do not rinse the bottle out.**
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 sample box, seal sample box, affix UPS shipping label and call UPS at 800-742-5877 to determine your local pick-up/drop off place and time for "Next Day Air" packages. Or hand deliver to the FEW Lab, 2300 College Station Rd., Athens, GA 30602.



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 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:
<b>Client Information</b>	Address:
	City, State, Zip:
Name:	<b>Lab use only</b>
Address:	Lab # FEW:
City, State, Zip:	Date/Time Received:
Phone:	Carrier:
Fax:	Chlorine (Y / N):
Email:	Accept/Reject (A / R):
<b>Sample Information</b> <b>SAMPLES ARE NOT ACCEPTED ON FRIDAYS.</b>	Paid (Y / N):
Date/Time Sampled:	Special Notes:
Sample ID:	<b>Results (MPN/100mL):</b>
Comments:	Fecal Coliform:
	Date/Time Analyzed: