

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. 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. 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 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.

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Instructions for collecting and delivering the sample are on the previous page of this form.

County Extension Office:	Sample Location (if different from client address)
Signature of the county employee: (Needed if submitted through the county extension office) Payment: ___ Check Enclosed ___ Bill County	County:
	Address:
Client Information	City, State, Zip:
Name:	Lab use only
Address:	Lab # FEW:
City, State, Zip:	Date/Time Received:
Phone:	Carrier:
Fax:	Chlorine (Y / N):
Email:	Accept/Reject (A / R):
Sample Information SAMPLES ARE NOT ACCEPTED ON FRIDAYS.	Paid (Y / N):
Date/Time Sampled:	Special Notes:
Sample ID:	Results (MPN/100mL):
Comments:	Fecal Coliform:
	Date/Time Analyzed: