UNIVERSITY OF GEORGIA
EXTENSION
Agricultural and Environmental Services Lab

Document ID: AESL-SSF-001
Version No: 3.3
Date: July 1, 2026

2300 College Station Road
Athens, GA 30602-4356
Phone: 706-542-5350
Fax: 706-542-1474

Sampling Instructions: Total Coliform and *Escherichia coli* in Drinking Water (W35)

Please remember to provide the information requested on the next page of this form.

If submitting samples for EPD compliance monitoring, do not use this form. Please contact the lab for the appropriate 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.

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. 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.

11. We encourage you to maintain sample temperature <10° C using icepack(s) during transit to the laboratory.

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Submission Form: Total Coliform and *Escherichia coli* in Drinking Water (W35)

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

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County Extension Office:		**Sample Location (if different from client address)**	
Testing Fee $40 Payment: ___ Check Enclosed ___ Bill County		County:	
Client Information		Address:	
Name:		City, State, Zip:	
Address:		***Lab use only***	
City, State, Zip:		Lab # FEW:	
Phone:		Date/Time Received with Initials:_____	
Fax:		Time Transferred to Lab:	
Email:		Carrier:	
Sample Information		Chlorine (Y / N):	
Date/Time Sampled:	Sample Collector's Name:	Accept/Reject (A / R):	
Sample ID:		Paid (Y / N):	
Well Diameter:	Well Depth:	Date/Time Analyzed:	
Date of Last Shock Chlorination (if applicable):		**Results (MPN/100mL):**	
Year Drilled:	Pump Age:	Total Coliform:	*Escherichia coli:*
Comments:			