

### Drinking Water Microbiology (Method SM9223 20<sup>th</sup> Ed.)

- Routine
- Resample
- Boil Water
- Monitoring
- Other (MPN) \_\_\_\_\_

Name of System \_\_\_\_\_

Public Water Supply ID # \_\_\_\_\_

Resample Code \_\_\_\_\_ *(Enter code only if assigned by MSDH)*

Site Code \_\_\_\_\_

Collection Site Address \_\_\_\_\_

Collected by \_\_\_\_\_

Date Collected \_\_\_/\_\_\_/\_\_\_ Time Collected \_\_\_:\_\_\_ AM \_\_\_:\_\_\_ PM

Chlorine Free \_\_\_\_\_ Total \_\_\_\_\_

#### FOR LAB USE ONLY

\_\_\_\_\_ Total Coliform and E. Coli Absent

\_\_\_\_\_ Total Coliform Present

\_\_\_\_\_ Total Coliform and E. Coli Present

Analyst Initial \_\_\_\_\_ Verification Initial \_\_\_\_\_

Comments: \_\_\_\_\_

Place Barcode Label  
Here.

### Drinking Water Microbiology, Requisition 425 Instructions

#### Purpose

To document information concerning collection, testing, and reporting of results for Drinking Water Microbiology Samples. Samples are to be collected and submitted by trained sample collectors.

#### Instructions

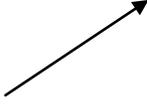
1. Place an "X" in the box that corresponds to the type of sample you are taking.

<input type="checkbox"/> <b>Routine</b>	→	. Check <b>Routine</b> box for all samples taken to meet monthly sampling requirements of Total Coliform Rule.
<input type="checkbox"/> Resample		
<input type="checkbox"/> Boil Water		
<input type="checkbox"/> Monitoring		
<input type="checkbox"/> Other (MPN)		

<input type="checkbox"/> Routine		Check <b>Resample</b> box for all samples taken after a TC+ or EC+ sample. Must use resample code assigned by MSDH/LIMS.
<input type="checkbox"/> <b>Resample</b>	→	
<input type="checkbox"/> Boil Water		
<input type="checkbox"/> Monitoring		
<input type="checkbox"/> Other (MPN)		

<input type="checkbox"/> Routine		Check <b>Boil Water</b> box for samples taken to clear a boil water notice/event.
<input type="checkbox"/> Resample		
<input type="checkbox"/> <b>Boil Water</b>	→	
<input type="checkbox"/> Monitoring		
<input type="checkbox"/> Other (MPN)		

<input type="checkbox"/> Routine	↙	Check <b>Monitoring</b> box for samples taken in response to customer complaints, new line checks, construction, putting a tank back in service or any other samples taken that should not be used for compliance.
<input type="checkbox"/> Resample		
<input type="checkbox"/> Boil Water		
<input type="checkbox"/> <b>Monitoring</b>	→	
<input type="checkbox"/> Other (MPN)		

<input type="checkbox"/> Routine <input type="checkbox"/> Resample <input type="checkbox"/> Boil Water <input type="checkbox"/> Monitoring <input type="checkbox"/> <b>Other</b> (MPN)		Check <b>Other</b> box when requesting a MPN (coliform enumeration.) Contact MSDH prior to taking this type sample.
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Please note that **Other** MPN testing will be provided twice for a system at the request of the Bureau of Public Water Supply (BPWS). Additional MPN tests will be charged a fee.

2. Enter the Name of the System and enter your **7 digit** public water supply ID number i.e., 0010001.
3. Do NOT enter the resample code unless instructed to do so by MSDH. These will be entered when resampling after a total coliform positive sample.
4. Enter the site number that corresponds to your bacteriological sample site plan if collecting routine samples. For samples not collected from sites on your approved plan, this may be left blank.
5. Enter the 911 street address or sample location that corresponds to your bacteriological sample site plan if collecting routine samples. For all other samples, enter the street address or descriptive location.
6. Enter the name of the individual collecting the sample.
7. Enter the date collected and time collected. **Pay close attention to the AM/PM blanks.** Military time is acceptable.
8. **We would prefer you enter your free chlorine residual.** You may enter total if you like; however, do not switch between entering free and total from month to month. You may enter both free and total as well.
9. You may use 425 cards revised May 2006 or later.
10. Submitters do not write below the FOR LAB USE ONLY line. This space is for laboratory reporting of results in the event electronic/printed reports are not available. An approved analyst and verification (peer reviewer) initial are required for result reports using this form.

### BARCODE LABEL AND SAMPLE SUBMISSION INSTRUCTIONS

1. Collect your sample and fill out your 425 card in accordance with the instructions.
2. Use barcode labels provided by the Bureau of Public Water Supply which specify your PWS ID and system name. **Please call the Bureau of Public Water Supply to order more barcode labels before you have exhausted your supply.**
3. The label marked "**B**" should be placed on your sample **bottle**.
4. The label marked "**F**" should be placed on your 425 **form** in the box in the lower right hand corner.

5. Remove the labels from left to right across the page. You will notice the barcode number should be the same for the B and F.
6. You may retain the yellow copy of the 425 card for your records.
7. Make sure the number below the barcode on the bottle matches the number below the barcode on the 425 form. If they do not match the lab will reject the sample.
8. Repeat this process for each sample you have collected.
9. Place your sample(s) in the 2, 6 or 12 pack boxes that are provided by MSDH through your county health department.
10. Sample slips may be placed in the top of the box. You are not required to wrap your slip around the bottle and secure with a rubber band.
11. Seal box and affix custody seals if available at the county health department.
12. Apply MS Public Health Laboratory mailing label, Form 477 to the box.
13. Submit your samples to your county health department. Do not forget to log them in the county log books.
14. **DO NOT leave samples to be boxed by county personnel.** You are responsible for packaging all your samples. If the county is lacking any supplies, notify the Bureau of Public Water Supply at 601-576-7518 and we will order them.

**IF YOU HAVE ANY QUESTIONS OR RUN INTO ANY PROBLEMS, NOTIFY THE BPWS IMMEDIATELY AT 601-576-7518.**

### **Office Mechanics and Filing**

Laboratory Information Management System (LIMS) generated reports will be mailed to the submitter. When a LIMS generated report is not available a copy of the original lab slip with test results will be mailed to the submitter and a copy will be made for the lab record.

After data entry, the completed submission form will be filed in the following manner:

- White copy: PHL Records and Data Entry will file by date collected and store for 1 year. Forms are then signed over to the Environmental Microbiology laboratory for storage.
- Yellow copy: Retained by submitter

### **Retention Period**

All forms are maintained according to EQ4-14, Environmental Document Storage.. Submitters are notified before records are destroyed.