Department of Environmental Protection Division of Water Supply PO Box 426 Trenton, New Jersey 08625-0426 Tel # (609) 292-5550 – Fax # (609) 292-1654 www.state.nj.us/dep/watersupply

FOR OFFICE USE ONLY

DRINKING WATER ANALYSIS - GROUND WATER RULE SOURCE WATER SAMPLES SUMMARY REPORT FORM

PWSID:	Water system	n name:			1	Laboratory ID:		Laboratory name:				
Original DS total coliform+ sample information	Original DS lab sample #:		Original sample date / time:*		Was water system notified by laborator, of original DS TC+? (Include name of lab					Date / time* of notification of original DS TC+:		
Water System Facility ID:	Initial Triggered Source Water Sample Information		Follow-up sample #1		Follow-up sample #2		Follow-up sample #3		Follow-up sample #4		Follow-up sample #5	
Source water lab sample #:												
Sample collection date / time:*												
Chlorine residual result (mg/L)** Circle one	Free Cl / Total Cl		Free Cl / Total Cl		Free Cl / Total Cl		Free Cl / Total Cl		Free Cl / Total Cl		Free Cl / Total Cl	
Chlorine residual sample date / time:*												
	Total coliform	E. coli	Total coliform	E. coli	Total coliform	E. coli	Total coliform	E. coli	Total coliform	E. coli	Total coliform	E. coli
Analysis method												
Microbe presence (P/A)												
Analysis start date / time:*												
Analysis completion date / time:*												
Date / time* water system notified of triggered E. coli+ result:	 * 24-hour clock (military time). ** Chlorine residual must be measured prior to collection of the coliform sample as free chlorine unless the water system uses chloramine disinfection, then measure as total chlorine. If the chlorine residual is undetectable, enter < "value", e.g. <0.01. wner/OperatorAnalytical LabConsultant/Other/Reporting Lab (show affiliation below) 											
		0	-				Reporting La		ion below)			
Name of collector			Affiliation			1 6611						
Form prepared by:Owr	her/Operator	Analytical	Lab <u>Cons</u>	uitant/Other/H	keporting Lab (s	snow affiliatio	on below)					
Name of preparer/certifier			Affiliation		5		Signature			Date		
Phone # ()		X	_ E-mail: _									