



MONTHLY TOTAL COLIFORM REPORTING

State Form 53297 (6-07)
Indiana Department of Environmental Management (IDEM)
Office of Water Quality - Drinking Water Branch - Compliance Section

Lab Received: / /
(MM/DD/YY)

Time Received: : AM PM

Date Reported: / /

CERTIFIED LAB ID NUMBER M - 0 2 - 0 3

TO BE COMPLETED BY THE PUBLIC WATER SYSTEM

Samples will not be analyzed if form is not complete.
Use black ink.

Laboratory - please send a copy to:

Name: _____

Street: _____

City: _____ IN (ZIP) _____

Organization Phone Number: () _____ - _____

PWSID:

Collection Date (MM/DD/YYYY): _____ Collection Time: _____

: : AM PM

Sample Location Address:

Sample Comments/Remarks (Tap, Sink, Boil Water, etc)

Chlorine Residual at Sample Location: mg/L

Free
 Total

Additional Comments:

SAMPLE TYPE (check appropriate square)

Routine Repeat Special

Date Original Sample was collected (only if Repeat):

/ / (MM/DD/YYYY)

Printed Name & Initials of Sample Collector:

Printed Name & Initials of Certified Operator:

ANALYSIS DATA - FOR LAB USE ONLY

Lab Sample ID:

TEST RESULTS: TOTAL COLIFORM

METHOD:

MF MPN LST P/A MM P/A MM QT

RESULTS:

PRESENT ABSENT MOST PROBABLE NUMBER:

Analyst: _____ Date: / / Time: _____

TEST RESULTS: FECAL COLIFORM E COLI

METHOD:

MF MPN LST P/A MM P/A MM QT

RESULTS:

PRESENT ABSENT MOST PROBABLE NUMBER:

Analyst: _____ Date: / / Time: _____

HETEROTROPHIC PLATE COUNT:

/1.0 mL /0.1 mL

Too Many To Count (TMTc)

*If MPN or MMQT is checked, the result is a statistical determination of the most probable number per 100 mL.
If MF is checked, the result is in organisms per 100 mL.
If P/A is checked, the result is present or absent.

REASON FOR REJECTING THE SAMPLE:

SUBMIT REPEAT SAMPLES as required under 327 IAC 8-2-8.1

SUBMIT ANOTHER SAMPLE. The test is not valid because of:

Too long in transit (>48 Hrs);

Invalid or no collection date and/or time;

Sample broken or leaked in transit (insufficient volume);

Residual chlorine present;

Other: _____