

**CITY OF ESCANABA WATER DEPARTMENT**

**Bacteriological Analysis of Drinking Water**

**STATE CERTIFIED LABORATORY # 2170**

Phone 906-786-3291/ Fax 906-789-3790 / E-mail [water@escanaba.org](mailto:water@escanaba.org)

P.O. Box 948, Escanaba, MI 49829/ Web <http://www.escanaba.org/water/water.html>

**Place Yellow  
Sticker Here**

**PREPAID SAMPLE Sticker (\$16.00/ Sticker Purchase at City Hall)  
Forms and Sampling Instructions, Available online, or at City Hall  
Please Use Black Ink Only, See Sheet for Sampling Instructions**

**SEND RESULTS TO:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail: \_\_\_\_\_

OWNER OF WATER SUPPLY: \_\_\_\_\_ WSSN \_\_\_\_\_

**CHAIN OF CUSTODY:**

Collected By: \_\_\_\_\_ Phone: \_\_\_\_\_

Handled By: \_\_\_\_\_ (same) \_\_\_\_\_ Phone: \_\_\_\_\_

Does the water supply serve the public? Yes or No **(Please Circle One)**  
Does the water supply serve a single family? Yes or No  
Does the water supply serve a business? Yes or No  
Has the well been disinfected within the past month? Yes or No

**SAMPLE PURPOSE:** Routine Monitoring [  ], Construction [  ], Resample (previous unsatisfactory result) [  ]  
**Sample Source:** (Well \_\_\_\_\_), (Water main \_\_\_\_\_), (Other \_\_\_\_\_).  
**Well Construction:** Cased [  ], Point [  ], Other [  ] Describe: \_\_\_\_\_

Real Estate Sale: \_\_\_\_\_ Company Name: \_\_\_\_\_ Agent Name: \_\_\_\_\_

**SAMPLE POINT:**

Street address: \_\_\_\_\_ [Same as above] \_\_\_\_\_

Township/City: \_\_\_\_\_, County: \_\_\_\_\_, Health Dept: \_\_\_\_\_, State: \_\_\_\_\_

**SAMPLE LOCATION:** (example: kitchen, bathroom, outside faucet, etc.) \_\_\_\_\_

Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_ Chlorine Residual \_\_\_\_\_ Other \_\_\_\_\_

CERTIFICATION: To the best of my knowledge the above is a complete and accurate record of all persons and circumstances involved in handling of this water sample.

**> SIGNATURE:**

Official Lab use only, do not write below this line

**LAB COMMENTS:**

RECEIVED: \_\_\_\_\_: \_\_\_\_\_ (AM/ PM) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ BY \_\_\_\_\_ Method Utilized: Colisure ® / Collert ®

PLANTED: \_\_\_\_\_: \_\_\_\_\_ (AM/ PM) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ BY \_\_\_\_\_

RESULTS: \_\_\_\_\_ Read By: \_\_\_\_\_

FAXED: \_\_\_\_\_: \_\_\_\_\_ (AM/ PM) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

FAXED TO: \_\_\_\_\_

COUNTY \_\_\_\_\_, MDEQ \_\_\_\_\_, OTHER \_\_\_\_\_

**ND = Non-Detect (Good Results)  
POS = Positive for Bacterial Growth (Bad Results)  
FC POS = Fecal Positive (Very Bad Results)**

ESCANABA WATER DEPARTMENT (786-3291)  
CERTIFIED LABORATORY NUMBER 2170

SAMPLING INSTRUCTIONS/TIPS:

The bacteriology test method used is very sensitive. Following these instructions and tips should help eliminate false positives:

1. Do not touch any of the sterile surfaces, bottle, cap, faucet, etc.
2. Always use the appropriate sample container (Bacteriology Sample Unit).
3. Always take your sample as near to the well as possible (before any storage tanks if possible).
4. Always take your sample prior to any water treatment device (softeners, filters, etc.)
5. Always try to take your sample from a faucet with no screen or aerator.
6. Thoroughly flush the sample line (run the water until it doesn't get any colder).
7. Turn water OFF to disinfect the sample tap (rinse/brush end of faucet with chlorine bleach). A small squeeze bottle of bleach and a clean brush works well.
8. Run water fast to rinse off any extra chlorine bleach.
9. Slow the flow down to a "pencil size" stream to avoid any splashing.
10. Remove any bottle sealing material so the cap is free.
11. Remove the bottle cap (do not set it down, hold it as it came off the bottle in your hand until recapping). Just setting the cap down on the sink/counter can contaminate your sample.
12. Fill sample unit (bottle) to the LINE (100mls). Do not rinse; do not remove the reagent "pill".
13. Record Time, Date, Location, etc., of sample. Fill out the Laboratory Sheet as complete as possible before delivering the sample and completed form to the Escanaba Water Plant.
14. Place half of the provided "Yellow Sticker" on the completed form (upper right hand corner). Place the other half of the "Yellow Sticker" on the side of the sample bottle, below the 100 ml. line.
15. Provide adequate protection of sample bottle from sun light, freezing or breakage.
16. Deliver the sample to the Escanaba Water Plant Lab within 12 hours (24 hours if refrigerated). The sooner you get your sample to the Lab the better chance of getting representative results.
17. Samples should never be dropped off at the Lab any later than 8:00 P.M.

BACTERIOLOGY RESULTS CODES

"ND" Coliforms are Not Detected. This result meets State bacteriological quality standards in this sample. Water source and treatment must also meet construction and operation standards to assure continued safety.

"POS" Coliform organisms detected (positive test results). The water supply may not be properly constructed, operated or isolated from sources of contamination. Safety cannot be assured, check samples are required and the water supply should not be used.

"FC POS" Fecal Coliform organisms detected. The water supply may not be isolated from sources of fecal contamination and is more likely to contain disease organisms. The water supply should be evaluated by a qualified professional and should not be used until the contamination source is identified and eliminated and two consecutive samples are found to be free of all coliform organisms.

Bacteriology Results Disclaimer

Results given are for the sample volume submitted for the Lab analysis. The City of Escanaba makes no guarantee that the sampled water supply will maintain the indicated result status. It is the owner's responsibility to maintain the source and well construction standards.