

PRIVATE WATER SUPPLY REPORT

Montgomery County Health Dept. 1580 Constitution Row Suite G. Crawfordsville, IN 47933 Certified Lab ID#: 54-01 765-364-6440

Sample Number	
Date Received	

SAMPLES SUBMITTED WITHOUT COMPLETED FORM WILL NOT BE ANALYZED.	TEST: TOTAL COLIFORM METHOD: MF MPN LST P/A MM P/A MM QT
(ESTABLISHMENT NAME) (STREET)	RESULTS: PRESENT
(CITY, STATE, ZIP)	☐ ABSENT ANALYST
SAMPLE DESCRIPTION Sample Source: Drilled Well Dug Well Driven Well Spring Cistern Beach/Ditch County Owner Date Collected Time Collected	TEST: FECAL COLIFORM E. COLI METHOD: MF MPN EC P/A MM P/A MM QT RESULTS: PRESENT ABSENT ANALYST
Collected by Depth Phone Water used by Location of water supply Reason for examination Age of well Date of last repair Location with respect to: privyft. cesspoolft. Septic tankft. Sewers or drainsft. Pump spout-open/closed Require priming? Well diameter Is cover watertight?	 If P/A is checked the results is presence (P) or absence (A) If MPN or MM QT is checked the result is the most probable number per 100 ml. *WATER LAB HOURS: MON-THUR 8AM-2:30PM* \$40 PER SAMPLE DUE AT DROP OFF
*SAMPLE MUST BE TAKEN IN	SATISFACTORY: At examination time, this water was bacteriologically safe based on USEPA standards.
BOTTLE PROVIDED BY HEALTH DEPARTMENT*	UNSATISFACTORY: At examination time, this water was bacteriologically unsafe.
*SAMPLES IN ANY OTHER	☐ PLEASE SUBMIT ANOTHER SAMPLE. TEST NOT VALID BECAUSE:
CONTAINERS WILL BE	☐ Too long in transit (more than 30 hours
TURNED AWAY*	☐ Invalid/no collection date.
	\square Sample type not designated.
Fax Number	☐ Other
Email	Remarks:
Revised March 2022	

Directions for Describing, Collecting and Delivering the Sample

Describing the Sample

1. The regulations of the Indiana State Department of Health provide that samples of water shall not be examined unless they are collected in containers furnished for the purpose and the description blanks are filled out completely.

Collecting the Sample

- A dechlorinating agent has been added to the bottle. It may appear as a white crystal, a drop of
 water, or a spot of powder two or three millimeters in diameter. It is sodium thiosulfate.
 DO NOT wash or rinse it out. The purpose of the bottles containing thiosulfate is to destroy the
 chlorine present at the moment the sample is collected. Sodium thiosulfate prevents the killing
 action of the chlorine on the bacteria while the sample is being transported to the laboratory.
 Water samples which contain chlorine residuals when they reach the laboratory will not be
 examined.
- 2. A sample shall be taken from a tap, such as a faucet, petcock, or small valve. No sample shall be taken from a fire or yard hydrant or a drinking fountain. Kitchen sinks, threaded hose bibs, softened or treated water lines, and spigots with screens or aerators are poor sampling points and should be used only if better sampling points are not available.
- 3. When the sample is to be collected from a tap, allow the water to run freely for at least five minutes to flush out pipes and fixtures. Time by a watch; do not guess.
- 4. Remove the screw cap being careful not to touch or otherwise contaminate the inside part of the cap or the neck of the bottle itself.
- 5. Reduce flow of water in tap to a steady stream about the size of a pencil. Fill the bottle with COLD WATER exactly to the 100ml line on the bottle. At this level, there will be 100ml of water and about 25ml of air space.
- 6. Replace the screw cap using the same care as before.

Delivering the Sample

- 1. Samples are accepted Monday-Thursday, 8am-2:30pm.
- 2. Sample must be processed as soon as possible after collection. If unable to get to Health Department right away, place sample in refrigerator. Sample MUST be in incubator within 24 hours of sample collection.
- 3. Cost per sample is \$20, due when sample is brought in.
- 4. Present/Absent test results for Ecoli and Coliform Bacteria will be ready 24 hours after sample is processed. Please expect results around that time by fax or email, however you have requested.