Vermont Agriculture and Environmental Laboratory 163 Admin Drive

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Public Drinking Water Source Total Coliform COC Sample Form

						I N VT 0000			
Send Report To:				VAEL Lab No: <u>VT – 3002</u>					
Name:				VAEL Project No: (i.e. 001-99)					
Address:				Water System Name:					
				WSID No: (i.e. VT0000456)					
Email:			, in the second						
Sample Collection Information:									
Sample Location: (i.e. 123 Main Street)			Sample Point: (i.e. TC00# or RW0						
		Campio i Cinii (i.e. 1888) ei 14488811							
	Facil	Facility ID: (i.e. DS00# or WL00#)			Sampler Phone:				
		Lacini, 121 (no. 2000)							
Sample Date:	Pottl	Dettle towner Out the starting 400 of			Parameter: Total Coliform				
Sample Date.	Sample Time:		Bottle type: Sterile, plastic, 120 ml with sodium thiosulfate (for up to 15			□ Presence/Absence			
			mg/L residual chlorine) `			☐ Enumeration			
			Preservation: ≤ 8°C recommende						
but cannot be frozen									
Regulated Public Water Systems									
Chlorinated? Yes No (cir			(circle and)			ample Type Routine Triggered Source			
Chlorine Residualr			mg/L Free Cl			☐ Repeat			
mg/L Total Cl					(Original Lab No)				
-				□ Spe		ecial Purpose			
Sample Temp	°C (_°C or °F			Comment:				
RUSH?) (circle	(circle one)							
Chain of Custody									
Relinquished by (Signature / Printed	Date	ate Time Received By (Signature / Pri			d) Date Time		Time		
(Orginature / Trintet	Dute	(orginatare / 1 m			·/	Date	Time		
Temperature at receipt: °C On ice ? ☐ Yes or ☐ No VAEL Sample ID:									
· ——									
Sample Receipt Comments:									