

Public Drinking Water Source Total Coliform COC Sample Form

Send Report To: Name: Address: Email:	VAEL Lab No: <u>VT – 3002</u>
	VAEL Project No: (i.e. 001-99) _____
	Water System Name: _____
	WSID No: (i.e. VT0000456) _____

Sample Collection Information:			
Sample Location: (i.e. 123 Main Street)	Sample Point: (i.e. TC00# or RW00#)		Sampler Name: Sampler Phone:
	Facility ID: (i.e. DS00# or WL00#)		
Sample Date:	Sample Time:	Bottle type: Sterile, plastic, 120 mL with sodium thiosulfate (for up to 15 mg/L residual chlorine) Preservation: ≤ 8°C recommended, but cannot be frozen	Parameter: Total Coliform <input type="checkbox"/> Presence/Absence <input type="checkbox"/> Enumeration

Regulated Public Water Systems	
Chlorinated? Yes No (circle one) Chlorine Residual _____ mg/L Free Cl _____ mg/L Total Cl Sample Temp _____ °C or °F RUSH? Yes No (circle one)	Sample Type <input type="checkbox"/> Routine <input type="checkbox"/> Triggered Source <input type="checkbox"/> Repeat (Original Lab No. _____) <input type="checkbox"/> Special Purpose Comment:

Chain of Custody					
Relinquished by (Signature / Printed)	Date	Time	Received By (Signature / Printed)	Date	Time

Temperature at receipt: _____ °C On ice ? Yes or No VAEL Sample ID: _____

Sample Receipt Comments: