



Illinois Department of Natural Resources
Office of Mines and Minerals

Analytical Laboratory

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Coliform Analysis Report

[Note: Bacteriological samples must reach the laboratory in time for analysis to be started within 30 hours of collection. Items 1-11 must be completed for analysis to be performed.]

1. Water System Number: _____ 2. Facility Name: _____

3. Regional EPA Office: Marion Collinsville

4. Surface Supply: Yes No

5. Chlorine Exempt: Yes No

6. Mail Water Supply Copy to: Name:		8. Date Collected:	Date/Time Analyzed:	
Address:		9. Sample Collector:		
City, State, Zip Code:		10. Sample Purpose:		<input type="checkbox"/> Repeat **For Repeats Only** Orig. Sample No: _____ Orig. Collection Date: _____ Original Lab ID : _____
7. Contact with Unsatisfactory Results: Name: Phone:		<input type="checkbox"/> Routine <input type="checkbox"/> Boil Order <input type="checkbox"/> Replacement <input type="checkbox"/> Customer Complaint <input type="checkbox"/> Repair or Maintenance <input type="checkbox"/> New Construction Permit No: _____ FY _____ <input type="checkbox"/> Other: _____		

11. Coliform Sampling										
Bottle	Sample Site #	Address	Time Collected	Sample Type	Res	Cl	Col Read	Total Coli	E. Coli	Laboratory Sample Number

FOR LAB USE ONLY
 Method: Colilert Multiple Tube Fecal Coliform

 Reported by Analyst: _____

 Report Date: _____

Water District Notification: _____ Date: _____

 Reason for Invalidation/Replacement: _____

Laboratory Certification No.: IL17588