BSDW-99 (12/09)

## Department of Environmental Protection Division of Water Supply PO Box 426 Trenton, New Jersey 08625-0426 Tel # (609) 292-5550 – Fax # (609) 292-1654 www.state.nj.us/dep/watersupply

FOR OFFICE USE ONLY
TOR OTTICE COL OTTET

## DRINKING WATER ANALYSIS - GROUND WATER RULE SOURCE WATER SAMPLES SUMMARY REPORT FORM It aboratory ID: It aboratory

PWSID:	Water system name:					boratory ID:	L	Laboratory name:				
Original DS total Original DS lab sample coliform+ sample information		lab sample #:	Original samptime:*	ple date /				aboratory or consecutive system ame of laboratory or system)		Date / time* of notification of original DS TC+:		
Water System Facility ID:	D: Initial Triggered Source Water Sample Information		Follow-up sample #1		Follow-up sample #2		Follow-up sample #3		Follow-up sample #4		Follow-up sample #5	
Source water lab sample #:												
Sample collection date / time:*												
Chlorine residual result (mg/L)** Circle one	Free Cl / Total Cl		Free Cl / Total Cl		Free Cl / Total Cl		Free Cl / Total Cl		Free Cl / Total Cl		Free Cl / Total Cl	
Chlorine residual sample date / time:*												
	Total coliform	E. coli	Total coliform	E. coli	Total coliform	E. coli	Total coliform	E. coli	Total coliform	E. coli	Total coliform	E. coli
Analysis method												
Microbe presence (P/A)												
Analysis start date / time:*												
Analysis completion date / time:*												
Date / time* water system notified of triggered E. coli+ result:			<ul> <li>24-hour clock (military time).</li> <li>** Chlorine residual must be measured <b>prior to collection of the coliform sample</b> as free chlorine unless the water system uses chloramine disinfection, then measure as total chlorine. If the chlorine residual is undetectable, enter &lt; "value", e.g. &lt;0.01.</li> </ul>									
Samples collected/chlorine r	esidual measur	red by:O	wner/Operator	Analytic	eal LabCo	onsultant/Other	/Reporting Lab	show affilia	tion below)			
Name of collector			Affiliation									
Form prepared by:Own	ner/Operator	Analytical	LabCons	ultant/Other/F	Reporting Lab	(show affiliation	on below)					
Name of preparer/certifier			Affiliation			$\overline{S}$		Signature		/		
Phone # ( ) x			E-mail:									