

Field ID Number

New Jersey Department of Health
Sanitary Bacteriology Laboratory
PO Box 361, Trenton, NJ 08625-0361
Phone: 609-530-8395

Lab Sample Number
(For Lab Use Only)

BACTERIOLOGICAL SAMPLE SUBMITTAL

(See Instructions)

AGENCY INFORMATION

Submitting Agency	Send Results To	Agency No.	Project Name
Street Address	Final Report Option <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2	Would you like copies of the internal chain of custody forms sent with your report? <input type="checkbox"/> Yes <input type="checkbox"/> No	Project Code
	Electronic Report Option <input type="checkbox"/> EDD <input type="checkbox"/> E-2		Memo Number
City, State, Zip Code	Phone	Fax	Email

SAMPLE INFORMATION

Facility ID/Sample Point/Station ID Number	Collection Date (YY/MM/DD) __ / __ / __	Sample Type Non-Potable: <input type="checkbox"/> Stream/Surface <input type="checkbox"/> Tissue <input type="checkbox"/> Ground Water <input type="checkbox"/> Sewage: <input type="checkbox"/> Private Well <input type="checkbox"/> Raw <input type="checkbox"/> Effluent <input type="checkbox"/> Septic <input type="checkbox"/> Industrial: <input type="checkbox"/> Ocean/Saline <input type="checkbox"/> Raw <input type="checkbox"/> Effluent <input type="checkbox"/> Sediment Potable: <input type="checkbox"/> Groundwater Rule <input type="checkbox"/> At Source <input type="checkbox"/> Source <input type="checkbox"/> Flushed <input type="checkbox"/> Confirmation <input type="checkbox"/> 1st Draw <input type="checkbox"/> Raw <input type="checkbox"/> Lead Source Line <input type="checkbox"/> Finished <input type="checkbox"/> Surface H ₂ O Intake <input type="checkbox"/> Private Well <input type="checkbox"/> Distribution System Fraction: <input type="checkbox"/> Total <input type="checkbox"/> Dissolved Other: <input type="checkbox"/> _____ Priority: <input type="checkbox"/> Routine <input type="checkbox"/> Priority <input type="checkbox"/> Emergency
Sampling Point ID/Sampling Site/Facility/Supply/Location	Coll. Time (24h) Start Coll. Time (24h) End _____	
Waterbody Name	Sample Retention Retain? <input type="checkbox"/> No <input type="checkbox"/> Yes Duration _____	
Municipality/County	Type of Sampling Event <input type="checkbox"/> Regular <input type="checkbox"/> Compliance <input type="checkbox"/> Repeat <input type="checkbox"/> Non-Regulatory <input type="checkbox"/> Other	
Sampling Point Street Address	If Repeat or GWR, List Original Lab Sample No. Sample Collector	
PWSID	Trip #	

FIELD INFORMATION

Air Temp °C	Water Temp °C	Stream Flow-CFS
Weather Conditions	Sample pH (Field)	Gage Height-Ft.
Preserved in: <input type="checkbox"/> Field <input type="checkbox"/> Lab Date: __ / __ / __ Time: _____	DO (mg/l)	Spec.Cond. (µS/CM)
	DO% Sat	Salinity (ppm)
Rain Events Rain in the last 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No Rain in the last 48 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sample Depth Ft.	Tide Stage
	Barometric Pressure (mmHg)	Turbidity (NTU)
Comments	Chlorine Residual	

ANALYSIS REQUESTS

Suggested Dilutions			
Fecal Coliform / 100 ml	<input type="checkbox"/> MPN SM9221E	<input type="checkbox"/> 10 <input type="checkbox"/> 1 <input type="checkbox"/> 10 ⁻¹ <input type="checkbox"/> 10 ⁻² <input type="checkbox"/> 10 ⁻³ <input type="checkbox"/> 10 ⁻⁴ <input type="checkbox"/> 10 ⁻⁵ <input type="checkbox"/> 10 ⁻⁶	Total Coliform & E.Coli / 100 ml
Fecal Streptococci / 100 ml	<input type="checkbox"/> MPN SM9230B	<input type="checkbox"/> 10 <input type="checkbox"/> 1 <input type="checkbox"/> 10 ⁻¹ <input type="checkbox"/> 10 ⁻² <input type="checkbox"/> 10 ⁻³ <input type="checkbox"/> 10 ⁻⁴ <input type="checkbox"/> 10 ⁻⁵ <input type="checkbox"/> 10 ⁻⁶	Enterococci / 100 ml
Enterococci / 100 ml	<input type="checkbox"/> MPN SM9230B	<input type="checkbox"/> 10 <input type="checkbox"/> 1 <input type="checkbox"/> 10 ⁻¹ <input type="checkbox"/> 10 ⁻² <input type="checkbox"/> 10 ⁻³ <input type="checkbox"/> 10 ⁻⁴ <input type="checkbox"/> 10 ⁻⁵ <input type="checkbox"/> 10 ⁻⁶	E.Coli / 100 mL
Total Coliform / 100 mLs	<input type="checkbox"/> MPN SM9221B	<input type="checkbox"/> 10 <input type="checkbox"/> 1 <input type="checkbox"/> 10 ⁻¹ <input type="checkbox"/> 10 ⁻² <input type="checkbox"/> 10 ⁻³ <input type="checkbox"/> 10 ⁻⁴ <input type="checkbox"/> 10 ⁻⁵ <input type="checkbox"/> 10 ⁻⁶	SPC/HPC/ml
			P/A (Colilert) SM9223B
			Idexx Enumeration (Enterolert) (Non-Drinking Water)
			Enumeration (Colilert) (Non-Drinking Water) SM9223B
			SM9215B

Relinquished By:	Affiliation:	Received By:	Affiliation:	Date/Time	Reason for Custody Change
Name (Print): _____	_____	Name (Print): _____	_____	_____	_____
Signature: _____	_____	Signature: _____	_____	_____	_____
Name (Print): _____	_____	Name (Print): _____	_____	_____	_____
Signature: _____	_____	Signature: _____	_____	_____	_____