

QUARTERLY COLIFORM REPORT SUMMARY

PURSUANT TO N.J.A.C. 8:21-5.13(c)

Submit a summary form as cover for a quarterly group of coliform analysis reports. Analysis reports are not accepted without a summary cover. Complete all information.

FACILITY INFORMATION

Name of Applicant Bottling Plant or Bulk Water Facility	NJ Bulk/Bottled Water Certification #		
Address of Applicant Bottling Plant or Bulk Water Facility	City	State	ZIP

LABORATORY INFORMATION

Name of certified laboratory performing analysis	NJDEP Laboratory certification number
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SAMPLE IDENTIFICATION

Enter all information to identify each tested sample. The sample types must match the product types on record for the applicant bulk or bottled water facility.

SOURCE WATER

Sample Type (spring, well, municipal)	Name of source	Sample identifying codes (how samples of this water are identified in the analysis reports, separated by commas)

FINISHED PRODUCT

Sample Type (artesian, ground, mineral, sparkling, sterilized, deionized, distilled, reverse osmosis, or other purified water)	Sample identifying codes (how samples of this water are identified in the analysis reports, separated by commas)

Enter the total number of sample types:

COLIFORM ANALYSIS RESULTS

Account for every week in the quarter. Do not skip weeks. Blank forms are not accepted.

Week Start Date: Enter the Sunday that begins the week of the quarter.

Water Tested: Enter Y if water was tested this week. Enter N if there was no water test this week. If N, explain the absence of testing under *Clarifications*.

Sample Date: Enter the date the samples were collected.

Number of Tested Samples: Enter the total number of different samples that were tested this week. Wherever this number does not match the total number of product types in the previous section, explain the difference under *Clarifications*.

All Results Pass: Enter Y if all results are negative. Enter N if any result was positive: under *Clarifications*, indicate the date the New Jersey Department of Health was notified of the failed result. **Notify the Department immediately upon a positive coliform result.**

Clarifications: Use this field to explain any discrepancies or failed results. This field may be blank.

Quarter (1-4): **Year:**

Week Start Date (Sunday)	Water Tested (Y/N)	Sample Date	Number of Tested Samples	All Results Pass (Y/N)	Clarifications

REQUIRED ATTACHMENTS

Submit all original coliform analysis reports as attachment to this form. Forms are not accepted without original documentation.

CERTIFICATION TO BE SIGNED BY THE DESIGNATED REPRESENTATIVE OF THE APPLICANT FACILITY

With my signature below, I certify that a complete coliform analysis report is attached for each water test indicated above. I certify that I have reviewed all information provided in this summary and that all information is true and complete. I understand that the furnishing of fraudulent information will be subject to penalty.

Full Name of Designated Representative	Title
Signature	Direct Contact Email Address