

## FORM F-49: QUARTERLY COLIFORM REPORT SUMMARY INSTRUCTIONS

Summary covers should be completed by following the instructions below. Ensure all forms accurately correspond with the accompanying analysis report. Submit this form and all required attachments by the end of each quarter.

### FACILITY INFORMATION

- **Name of Applicant Bottling Plant or Bulk Water Facility** – The exact name of the establishment as it will appear on the permit.
- **Address of Applicant Bottling Plant or Bulk Water Facility** – The physical location where bottled water activities are taking place daily. Enter an exact address.
- **NJ Bulk/Bottled Water Certification # (if not new)** – The certification number issued to a bulk and bottled water establishment. This number does not change. On your license certificate, your certification number is located on the left side under the State seal.

### LABORATORY INFORMATION

- **Name of certified laboratory performing analysis** – Indicate the name of the laboratory that performed the quarterly coliform analysis.
- **NJDEP Laboratory certification number** – Indicate the certification number that corresponds to the certified laboratory that performed the analysis.

### SAMPLE IDENTIFICATION

#### SOURCE WATER

- **Sample Type** – Indicate whether the provided sample is spring water, well water, or municipal-owned water.
- **Name of source** – The exact name of the source from which the applicant's business water is derived.
- **Sample identifying codes** – Indicate how samples of this water are identified in the analysis reports, separated by commas.

#### FINISHED PRODUCT

- **Sample Type** – Indicate whether the provided sample is of artesian, ground, mineral, sparkling, sterilized, deionized, distilled, reverse osmosis, or other purified water.
- **Sample identifying codes** – Indicate how samples of this water are identified in the analysis reports, separated by commas.
- **Total # of Sample Types** – Add up the total number of listed source water samples and finished product samples.

### COLIFORM ANALYSIS RESULTS

Applicants must thoroughly account for every week in the quarter, ensuring **no weeks are skipped** during active production.

- **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 samples tested each 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 outcome. **Notify the Department immediately upon a positive coliform result.**
- **Quarter (1-4) & Year** – Indicate the name of the agency that inspected the facility if the applicant bulk or bottled water facility is not located in New Jersey.

#### REQUIRED ATTACHMENTS

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

#### CERTIFICATION SIGNED BY DESIGNATED REPRESENTATIVE

- Certify based on the N.J.A.C. 8:21-5.13(c).
- To be signed by the designated representative of the applicant facility who is responsible for onsite facility operations.

#### **SUBMIT VIA EMAIL**

**All applications must be completed electronically and submitted via email.**

9. When you have finished completing all electronic fields of the application, **SAVE** the file on your computer.
10. Create a new email addressed to [bottled.water@doh.nj.gov](mailto:bottled.water@doh.nj.gov).
11. **Attach** the completed electronic application file that you just saved.
12. Open the attachment to confirm your form is saved with all form fields completed.
13. In the subject line of the email, type “**Quarterly Coliform Report**” and the name and certification number of the applicant company.
14. In the body of the email, provide direct contact information in case there is an issue with your submission.
15. Send the email. You should receive an automatic message to confirm receipt of your email.