

# Groundwater Rule: Source Water Analysis Form

\*THIS FORM IS NOT TO BE USED FOR ROUTINE OR REPEAT TOTAL COLIFORM RULE SAMPLES\*

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PWS ID

Public Water Supply Name

3	9	6
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IA Lab #

W	L		
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Facility ID (use Well ID#)

Sample Type  Routine (RT) Routine sample for compliance

Special (SP) Special samples not used for compliance  
(check one)

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Sampling Point ID

Sampling Point ID Codes	
TG	AD
AS	NEW

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Year

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Month

--	--

Day

--	--

Hour

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Minute

Sample Collection Date and Time (24 Hour)

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Sample Point Description (sample collection location)

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Sample Collector (Last Name, First Name)

Sampling Point ID Code Key
TG: Triggered source sample.
AD: Additional source sample after TG tested positive.
AS: Assessment sample required by DNR.
NEW: New well sample prior to use.

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Year

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Month

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Day

Sample Received Date

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Laboratory Sample Number

Contaminant ID	Test	SDWIS Method Code	Start of Analysis Year-Month-Day	Time (24hr)	Analytical Result	
					PA (check one)	Enumeration (in cfu/100mL)
3100	Total Coliform				<input type="checkbox"/> Present <input type="checkbox"/> Absent	
3014	<i>E. coli</i>				<input type="checkbox"/> Present <input type="checkbox"/> Absent	
3001	HPC				<input type="checkbox"/> Present <input type="checkbox"/> Absent	