



# Bacteriological Examination of Public Water Supplies Montana

PWSID: \_\_\_\_\_ System Name: \_\_\_\_\_  
(List only one PWSID per form)

Collected By: \_\_\_\_\_ Contact Phone (Required): \_\_\_\_\_  
(System operator must be accessible for immediate notifications)

Routine Sampling: Distribution System Samples							
<i>This section is for all routine monthly or quarterly samples as required by permit</i>							
State Required IDs*		Sample Type	Sample Location	Sample Date	Sample Time	Residual Chlorine (ppm)	ELI Lab ID <i>Laboratory Use Only</i>
Fac ID (DS001)	Sample Point ID (SP001)	Routine (R)					

Special Sampling: Repeats, Source or Well Samples							
<i>This section is for all samples that are NOT routine distribution system samples</i>							
State Required IDs*		Sample Type	Sample Location	Sample Date	Sample Time	Residual Chlorine (ppm)	ELI Lab ID <i>Laboratory Use Only</i>
Fac ID (WL002)	Sample Point ID (RW002)	C - Repeat S - Special RW -GW Rule					

Account Information
Company/Name:
Contact:
Mailing Address:
City, State, Zip:
Phone:
Email:
How would you like to receive the report: <input type="checkbox"/> Hard Copy <input type="checkbox"/> Email

Report Address <i>(leave blank if same as Account Information)</i>
Company/Name:
Contact:
Mailing Address:
City, State, Zip:
Phone:
Email:
How would you like to receive the report: <input type="checkbox"/> Hard Copy <input type="checkbox"/> Email

Custody Record MUST be Signed	Relinquished by Signature: _____	Date/Time: _____	Received by Laboratory Signature: _____	Date/Time: _____
-------------------------------	----------------------------------	------------------	---	------------------

LABORATORY USE ONLY				
Shipped by: _____	Custody Seals: Y N C B Intact: Y N	Receipt Temp: _____ °C	Temp Blank: Y N	On Ice: Y N
Payment Type (circle one) CC CASH CHK _____	Amount: \$ _____	Receipt Number: _____ <i>(Applicable to Cash &amp; Check Payments)</i>		

\*For all state required IDs and pre-determined sampling locations in your system, please contact your Total Coliform Rule Manager at the MT Department of Environmental Quality at (406) 444-5314.\*