



Bacteriological Examination of Public Water Supplies Montana

PWSID: _____ System Name: _____
(List only one PWSID per form)

Collected By: _____ Contact Phone (Required): _____

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)
Fac ID (DS001)	Sample Point ID (SP001)	Routine (RT)				
			1.			
			2.			
			3.			
			4.			
			5.			

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)
Fac ID (WL002)	Sample Point ID (RW002)	RP -Repeat SP -Special TG-Source/Raw				
			1.			
			2.			
			3.			
			4.			
			5.			

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 Signature: _____	Date/Time: _____
	Relinquished by Signature: _____	Date/Time: _____	<u>Received by Laboratory Signature:</u> _____	Date/Time: _____

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