



# SAMPLE SUBMISSION FORM

Drinking Water - Total Coliform & E. coli Analysis via Colilert

OFFICE: 303-296-0264 | FAX: 303-296-3765

4150 Jason Street Denver CO 80211

www.MB-Labs.com

Biological and Chemical Testing—ISO/IEC 17025:2005 Accredited

Please Direct Inquiries to Requests@MB-Labs.com

<b>Samples Relinquished By</b>	PWSID: CO0	Rep Name:	PO:
	System / Customer Name:	Signature: _____ Date: _____	
	Street:	Special Instructions/Sample Condition Notes	
	City: _____ State: _____ Zip: _____		
	PH: _____ E mail: _____		

Sample submission to MBL signifies the Customers' acceptance of MBL Terms and Conditions (available at MB-Labs.com).

MBL is certified by the State of Colorado Department of Public Health and Environment (CDPHE) to analyze public drinking water compliance samples for total coliforms & *E. coli* by the Colilert Method (SM 9223) which are collected and submitted by Public Water Systems (PWS) in their efforts to satisfy the requirements of the Total Coliform Rule (TCR) under the Safe Drinking Water Act (SDWA).

Check here and MBL will automatically report the result(s) of these compliance samples to CDPHE.

MBL Drinking Water Sample Submission Form File Version 10-2014

<b>LAB USE ONLY</b>	MBL Collected - Sampler & Date: _____		Start Time: _____	
			End Time: _____	
	Sampling Plan <input type="checkbox"/> DW1 - PWS Compliance <input type="checkbox"/> DW2 - Non-PWS Non-Compliance	Faucet specified by customer? Yes No		Low Contamination Risk Faucet? Yes No
	Steps 2 & 3 completed? Yes No		Faucet contamination risks:	
	MBL Courier <input type="checkbox"/>	On Ice, individually in sterile bag, in cooler.		Temp °C: _____
By DTI: _____				
Rcd @ Lab <input type="checkbox"/> Customer Courier <input type="checkbox"/> Shipped <input type="checkbox"/> Drop-Off Fridge <input type="checkbox"/>				
By DTI: _____				

**LAB USE ONLY - SAMPLE CONDITION**

ID	Site Location: Physical Address Faucet Description (i.e. bathroom faucet)	Sample Type (Check One)	Sample Collection	Water Type (Check One)	Chlorine Residual in mg/L	Temp °C	Freezing	Collection Bottle	Volume 100 mL	Holding Time	Color & Consistency	Sample Abnormalities:
1	Site Location:  Faucet Description:	<input type="checkbox"/> Routine Compliance	Sample Collected By:  Date Collected: _____ Time Collected: _____	<input type="checkbox"/> Raw	Result:  mg/L <input type="checkbox"/> NA Non-Compliance	Temp °C: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NC Ice Sample	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NC Ice Sample	<input type="checkbox"/> OK <input type="checkbox"/> Not Ok MBL-C	<input type="checkbox"/> 100 mL <input type="checkbox"/> Not 100 mL	<input type="checkbox"/> < 30 hrs <input type="checkbox"/> > 30 hrs	<input type="checkbox"/> Colorless & Clear <input type="checkbox"/> Abnormal, Note	
		<input type="checkbox"/> Repeat Compliance		<input type="checkbox"/> Chlorinated								
		<input type="checkbox"/> Special Purpose Non-Compliance		<input type="checkbox"/> Other Treatment								
2	Site Location:  Faucet Description:	<input type="checkbox"/> Routine Compliance	Sample Collected By:  Date Collected: _____ Time Collected: _____	<input type="checkbox"/> Raw	Result:  mg/L <input type="checkbox"/> NA Non-Compliance	Temp °C: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NC Ice Sample	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NC Ice Sample	<input type="checkbox"/> OK <input type="checkbox"/> Not Ok MBL-C	<input type="checkbox"/> 100 mL <input type="checkbox"/> Not 100 mL	<input type="checkbox"/> < 30 hrs <input type="checkbox"/> > 30 hrs	<input type="checkbox"/> Colorless & Clear <input type="checkbox"/> Abnormal, Note	
		<input type="checkbox"/> Repeat Compliance		<input type="checkbox"/> Chlorinated								
		<input type="checkbox"/> Special Purpose Non-Compliance		<input type="checkbox"/> Other Treatment								
3	Site Location:  Faucet Description:	<input type="checkbox"/> Routine Compliance	Sample Collected By:  Date Collected: _____ Time Collected: _____	<input type="checkbox"/> Raw	Result:  mg/L <input type="checkbox"/> NA Non-Compliance	Temp °C: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NC Ice Sample	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NC Ice Sample	<input type="checkbox"/> OK <input type="checkbox"/> Not Ok MBL-C	<input type="checkbox"/> 100 mL <input type="checkbox"/> Not 100 mL	<input type="checkbox"/> < 30 hrs <input type="checkbox"/> > 30 hrs	<input type="checkbox"/> Colorless & Clear <input type="checkbox"/> Abnormal, Note	
		<input type="checkbox"/> Repeat Compliance		<input type="checkbox"/> Chlorinated								
		<input type="checkbox"/> Special Purpose Non-Compliance		<input type="checkbox"/> Other Treatment								
4	Site Location:  Faucet Description:	<input type="checkbox"/> Routine Compliance	Sample Collected By:  Date Collected: _____ Time Collected: _____	<input type="checkbox"/> Raw	Result:  mg/L <input type="checkbox"/> NA Non-Compliance	Temp °C: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NC Ice Sample	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NC Ice Sample	<input type="checkbox"/> OK <input type="checkbox"/> Not Ok MBL-C	<input type="checkbox"/> 100 mL <input type="checkbox"/> Not 100 mL	<input type="checkbox"/> < 30 hrs <input type="checkbox"/> > 30 hrs	<input type="checkbox"/> Colorless & Clear <input type="checkbox"/> Abnormal, Note	
		<input type="checkbox"/> Repeat Compliance		<input type="checkbox"/> Chlorinated								
		<input type="checkbox"/> Special Purpose Non-Compliance		<input type="checkbox"/> Other Treatment								
5	Site Location:  Faucet Description:	<input type="checkbox"/> Routine Compliance	Sample Collected By:  Date Collected: _____ Time Collected: _____	<input type="checkbox"/> Raw	Result:  mg/L <input type="checkbox"/> NA Non-Compliance	Temp °C: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NC Ice Sample	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NC Ice Sample	<input type="checkbox"/> OK <input type="checkbox"/> Not Ok MBL-C	<input type="checkbox"/> 100 mL <input type="checkbox"/> Not 100 mL	<input type="checkbox"/> < 30 hrs <input type="checkbox"/> > 30 hrs	<input type="checkbox"/> Colorless & Clear <input type="checkbox"/> Abnormal, Note	
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