



Colorado Department  
of Public Health  
and Environment

## Individual Bacteriological Certified Laboratory Report Form

Revision: 4/13/2015

WQCD – Drinking Water CAS

Submit Online at <http://www.wqcdcompliance.com/login>

Coliform Positive Hotline: (303) 692-3308

Section I (Supplied or Completed by Public Water System)		Section II (Supplied or Completed by Certified Laboratory)	
Public Water System Information		Certified Laboratory Information	
PWS ID:		Laboratory ID:	
System Name:		Laboratory Name:	
Contact Person:	Phone #:	Contact Person:	Phone #:
Comments:		Comments:	

Section III (Supplied or Completed by Public Water System)	
Sample Date:	Collector:

Section IV (Supplied or Completed by Certified Laboratory)		
Lab Receipt Date:	Lab Analysis Date:	Analytical Method:

Section V (Supplied or Completed by Public Water System)						Section VI (Supplied or Completed by Certified Laboratory)		
Sample Type	Sample Time	Facility ID <i>On Schedule</i>	Sample Pt ID <i>On Schedule</i>	Street Address	*Disinfectant Residual	Lab Sample ID	Analyte Name (Code)	Result
							Total Coliform (3100)	
							<i>E. Coli</i> (3014)	
							Total Coliform (3100)	
							<i>E. Coli</i> (3014)	
							Total Coliform (3100)	
							<i>E. Coli</i> (3014)	
							Total Coliform (3100)	
							<i>E. Coli</i> (3014)	

<p><b>LABORATORY:</b> Please <b>call Hotline with any PRESENT results</b> (Total Coliform, E. Coli, or Fecal).</p> <p><b>SAMPLE TYPE:</b> RT (Routine), RP (Repeat), SP (Special Purpose).</p> <p><b>*DISINFECTANT RESIDUAL:</b> Report in mg/L.</p> <p>Use separate form if samples collected on different dates.</p>	<p><b>LA:</b> Lab Accident - Please resample.</p> <p><b>CG:</b> Confluent Growth - Please resample.</p> <p><b>TNTC:</b> Too Numerous To Count - Please resample.</p> <p><b>H:</b> Holding time has been exceeded - Please resample.</p>	<p><b>Present:</b> Coliform / E. Coli / Fecal detected.</p> <p><b>Absent:</b> Coliform / E. Coli / Fecal not detected.</p> <p><b>NT:</b> Not Tested.</p>
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