



# Bacteriological Analysis Sample Summary

1. Please fill out page 2 of this form if you have a total coliform positive sample and repeat samples.
2. Submit this form to SCDHEC along with a copy of your laboratory's chain of custody no later than ten (10) days after the end of the compliance period.

PWS ID	S	C	
PWS NAME			
COMPLIANCE PERIOD			
CYCLE			

(Q)-QUARTERLY (M)-MONTHLY

CHLORINE RESIDUAL	
Lab ID measuring chlorine residual	

# OF INITIAL SAMPLES	
# OF INITIAL TC POSITIVE SAMPLES	
# OF E. COLI POSITIVE SAMPLES	
TOTAL COLIFORM ANALYSIS METHOD CODE	
E. COLI ANALYSIS METHOD	
Lab ID	
SIGNATURE	
Date	

Within 24 hours of learning of a total coliform-positive (TC+) sample result, REPEAT samples must be collected and analyzed for total coliforms:

- One REPEAT sample must be collected from the same tap as the TC+ sample.
- One REPEAT sample must be collected within five service connections upstream of the TC+ sample.
- One REPEAT sample must be collected within five service connections downstream of the TC+ sample.
- If the system is served by Ground water then a Triggered Source sample must be collected prior to treatment from each source in use at the time the total coliform-positive sample was collected. The number of samples taken PER WELL must equal the number of positive TCR samples. If you collected three TC+ samples, then three well samples must be taken at EACH WELL that was in service at the time.
- The triggered source water sample must be analyzed for the presence of *E.coli*.
- If any triggered source water sample is *E.coli*-positive, the Ground Water system (GWS) must either take corrective action, as directed by the state, or the GWS must take 5 additional source water samples within 24 hours.
- If the GW system Purchases some or all aft there water they must notify the wholesale system (s) within 24 hours.

If any REPEAT sample is TC+:

- The system must analyze that total coliform-positive culture for *E.coli*.
- The system must collect another set of REPEAT samples, as before, unless the *E.coli* MCL has been violated or an assessment has been triggered.

For a system on quarterly monitoring, a TC+ result requires a minimum of three ROUTINE samples be collected the following month.

**CALL SCDHEC on the same day you learned of the *E. coli*-positive (EC+) result, or by the end of the next business day if the result came in after business hours**

**Please submit a copy of your laboratory's chain of custody along with this form.**



South Carolina Department of Health and Environmental Control  
Bureau of Water  
DHEC 1974 Bacteriological Sampling Analysis

1. PURPOSE:

This form, properly completed, is required to be submitted to the South Carolina Department of Health and Environmental Control (DHEC). Its purpose is to assure the safety of water served to the public with respect to bacteriological quality.

2. ITEM BY ITEM INSTRUCTIONS:

PWS NAME: Enter the public water system name.

PWS ID: Enter the seven-digit identification number assigned to the public water system by DHEC.

COMPLIANCE PERIOD: Month and year for which the report is being made.

Cycle: Indicate Monitoring Cycle with an "Q" for quarterly or a "M" for monthly

CHLORINE RESIDUAL: For any day when the disinfectant residual samples were taken, enter the average for the day (excluding non-detects). Also, if chlorine is used to maintain a residual in the distribution system, analyze for free chlorine. If chloramines are used to maintain a residual in the distribution system, analyze for total chlorine. At a minimum, disinfectant residuals must be measured at the same time and same point in the distribution system that the total coliform samples are taken.

LAB ID: Enter the identification number of the Certified Laboratory conducting the analyses.

NUMBER OF INITIAL SAMPLES: Enter the number of samples taken.

NUMBER OF INITIAL TC POSITIVE SAMPLES: Enter the number of initial total coliform positive samples.

NUMBER OF E. COLI POSITIVE SAMPLES: Enter the number of E. Coli positive samples.

TOTAL COLIFORM ANALYSIS METHOD CODE: Enter the total coliform Analysis method code.

E. COLI ANALYSIS METHOD: Enter the E. Coli Analysis method code.

LAB ID: Enter the identification number of the Certified Laboratory conducting the analyses.

DATE: Enter the date submitted.

South Carolina Department of Health and Environmental Control  
Bureau of Water  
DHEC 1974 Bacteriological Sampling Analysis

3. ITEM BY ITEM INSTRUCTIONS PAGE 2. Fill out Page 2 for all TC+ samples, associated repeats and source water samples.

PWS NAME: Enter the public water system name.

PWS ID: Enter the seven-digit identification number assigned to the public water system by DHEC.

LAB ID: Enter the identification number of the Certified Laboratory conducting the analyses.

Type (RT, RP or GW): Enter RT = Routine; RP=Repeat; GW=Groundwater

Repeat (only if sample type =RP): DN = Downstream; UP=Upstream; OR=Original Site.

Lab Sample #: # assigned by lab for that particular sample.

Collection Date (mm/dd/yyyy): Date sample was collected

Sampling Location: Enter the physical address where sample was collected.

Source ID (only used for source samples): Enter the 5 digit DHEC Source ID (i.e. G\_ \_ \_ \_ \_).

Total (A or P): Indicate with an "A" if absent or a "P" if present.

E. Coli (A or P) Indicate with an "A" if absent or a "P" if present.

LAB ID: Enter the identification number of the Certified Laboratory conducting the analyses.

Total/Free Chlorine Residual: Enter the chlorine residual taken at the same time and same point in the distribution system as the total coliform sample. If chlorine is used to maintain a residual in the distribution system, analyze for free chlorine. If chloramines are used to maintain a residual in the distribution system, analyze for total chlorine.

COMMENTS: Include additional information about the Public Water System.

4. OFFICE MECHANICS AND FILING

The original of this form, when completed, must be signed, dated, and submitted to the Bureau of Water, S.C.DHEC, 2600 Bull Street, Columbia, SC 29201, no later than the 10<sup>th</sup> of the following the compliance cycle. Chain of custodies must also be submitted with the 1974 form.