



MISSOULA CITY-COUNTY HEALTH DEPARTMENT
BACTERIAL ANALYSIS OF WATER

Environmental Health, 301 W. Alder (second floor), Missoula, MT 59802.

If you have any questions, please call 258-4755

INSTRUCTIONS: Read this page carefully before taking the water sample.

1. Remove screen or other attachments from faucet. Clean area with clean rag soaked with bleach. Run **cold** water for at least two minutes. Turn water down to a steady, pencil-sized stream.
2. Without setting the cap down, remove the cap and hold it in your hand. Do not touch inside the cap or bottle rim. **Do not rinse out the bottle or discard tablet (it contains sodium thiosulfate which neutralizes small amounts of chlorine, if any, in your water).**
3. Under the slow, steady stream of water, **fill the sample bottle to the 100 mL line.** We are unable to run tests on samples that are less than 100 mL, so it is better to overfill than under fill your sample bottle. Securely tighten the lid of the bottle.
4. Return the water sample to the lab **within 24 hours** of filling the bottle. Keep the sample cool, refrigerate if necessary. **We cannot accept a frozen sample.**
5. **Samples are accepted in our office Monday - Thursday from 8:00 AM until 4:00 PM, except on scheduled holidays. Samples will not be accepted on Fridays.** A calendar of lab days is available in our office. Bring samples to the Health Department at 301 W. Alder St., Environmental Health (second floor) Missoula, MT 59802.
6. Total coliform samples are processed after 4:00 pm each day, preliminary results are available the next day after 4:30 pm.
7. The charge for each test must be paid at the time the bottle is picked up.

IMPORTANT



Fill out the form **on the reverse side** as completely as possible
and submit the completed form with your water sample.

Public Water Supply samplers must complete all required items.



Microbiological Analysis of Water

Missoula City County Health Department Water Lab - Ph: 258-4755

Complete this form and return with your water sample

(PWS—pertains to Public Water Supply operators only)

(Instructions on back)

Owner Name: (Please Print) _____

Owner Mailing address: _____
(Street) (City/ST) (zip code)

PLEASE FILL
BOTTLE TO 100 ML
LINE

Water Source Type:

- Well
- Lake/stream
- Spring
- City/ Main
- Other

Sample Information (Required): **Samples accepted Monday-Thursday ONLY**

Water Source address: _____
(Street) (City/ST) (COUNTY)

Point of Collection: _____
(i.e., kitchen sink, bathroom sink, outside spigot, etc.)

Collection Date: ____/____/____ Collection Time: _____ AM / PM

Collected by: (please print) _____ Phone _____

Transported by: (PWS only) _____ Conditions: (PWS only) _____
(name or initials) (on-ice, in cooler, ambient, etc.)

Description of water supply:

- Private, for a single family home (or two)
- Public Water Supply serving 25 or more people or 15 or more connections
PWS ID# _____ (Required for PWS)
- Other _____
name of trailer court/campground

Who can be contacted if needed?

Name: _____ Phone _____

Result Reports:

Reports for private and public supplies are sent to the address given above. **If you need an additional report sent to a separate address or County Sanitarian, please give address below.**

Please send an **additional** report to:

Name: _____

Address: _____

City/ST: _____

Zip code: _____

FAXed reports cost an additional \$1.00 per page

FAX # _____ Attn: _____

Type of Sample Requested: (circle one)

Routine, Check, Follow-up, Special

Type of Analysis Requested: (check one)

- Total Coliform Presence/Absence (BASIC TEST) - \$15.00
- Quanti-Tray MPN presence/absence with a colony count - MPN - \$18.00
- Heterotrophic Membrane Filter (arrangements required) - \$19.00

PWS (only) Required information:

_____ Disinfectant residual of sample (please provide # - 0 if none)

DEPARTMENT USE ONLY

Sample Number _____

Test Date & Time: _____

Results: P/A _____ EC _____ Quanti-tray _____ col/100 ml

HPC _____ CFU/ml

Comments: _____

_____ Amount Paid	_____ Check
_____ N.C.	_____ Cash
_____ P.B.	_____ Debit/Credit

Initials _____

Notification : _____ DEQ

_____ Owner / Operator

Date & Time: _____