NAWQA

GW sample and replicate report form
Total coliforms and *Escherichia coli* on MI

To be filled out at time of collection:

Site Name: _____ Sampled By: _____

Date: ____/____/___ Time: _____ NAWQA 4 letter SUID: _____
MM / DD /YY (military)

To be filled out by laboratory analyst:

Analyzed by (initials): _____ Analysis Date: _____

Date MI plates prepared: _____ Time in 35°C (22–24hr): _____

Filter (0.45 μm) lot number: _____ Time out of incubator: _____

Read by: _____

Colony counts:

Suggested sample volumes: 100, 30, 10, 3, 1, 0.3 (30mL of 10^{-2} dilution), and 0.1 (10mL of 10^{-2} dilution)

[Total Coliforms Positive: all colonies which fluoresce blue/white under UV light;
E. coli Positive: blue-green colonies under ambient light]
NWIS parameter code (method code) for *E. coli* on MI: 90901 (BAC18); total coliforms on MI: 90900 (BAC52)

	Sample size (volume - mL)	Total Coliforms colony count	*E. coli* colony count
Sample	Filter Blank (before plating sample)		
	100 mL –Sample		
Replicate	Procedure Blank (before plating replicate)		
	100 mL – Replicate Sample		

RESULTS:

$$100x\frac{Count}{Volume\ plated} = Colonies/100mL$$

Sample: _____Total coliforms col/100mL _____ *E. coli* col/100 mL

Replicate: _____Total coliforms col/100mL _____*E. coli* col/100 mL