



### Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type 1.Routine 2.Repeat	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)	Population Served: <input type="text"/>
						Number of microbiological monitoring samples required: <input type="text"/>
						Number of microbiological monitoring samples taken: <input type="text"/>
						Did an M&R violation occur <input type="checkbox"/>
						If "Yes," check reason (s) below:
						<input type="checkbox"/> Actual number of samples is fewer than required.
						<input type="checkbox"/> Did not collect/analyze repeat sample.
						<input type="checkbox"/> Did not collect/analyze for E. coli for positive total coliform from routine/repeat sample.
						Did an MCL violation occur? <input type="checkbox"/>
						If "Yes," check reason(s) below (see also Part 5, Table 6 for additional information).
						<input type="checkbox"/> For systems collecting less than 40 samples per month: two or more of the samples (routine and /or repeat) are positive for total coliform (= total coliform MCL violation).
						<input type="checkbox"/> For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).
						<input type="checkbox"/> The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).
						Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection.
						As required by 5-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.

Sample Collector(s): \_\_\_\_\_

Name of NYSDOH Certified Laboratory: \_\_\_\_\_

Did any MCL violation occur? If so, please describe: \_\_\_\_\_

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, describe: \_\_\_\_\_

Comments: \_\_\_\_\_

