<table>
<thead>
<tr>
<th>Date</th>
<th>Number of Gallons Delivered</th>
<th>Time</th>
<th>Location of Delivery</th>
<th>Potable Water Delivered to (i.e., private well*, bottled water facility, etc.)</th>
<th>Tank Identification</th>
<th>Cleansing and Sanitizing Methods Used</th>
<th>Microbiological Sample(s) Plate Count and Total Coliform Source</th>
<th>Treated Source</th>
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* See Instructions on reverse side

Signature of Sampler: ____________________________  ELAP Laboratory: ____________________________
**INSTRUCTIONS**

Send completed form to the New York State Department of Health, Bureau of Water Supply Protection, Corning Tower, Room 1110, Albany, New York 12237 or h2ocert@health.ny.gov no later than the 10th of the month following the month of the reporting period.

**REQUIRED NOTIFICATION**

Any person who owns or operates a bottled or bulk water facility must notify the State by telephone, facsimile (FAX) copy or other means when feasible, but no later than 24 hours of learning the existence or potential existence of a violation of Section 5-6.11 of this Subpart. Any interruption or change in the operation or treatment, or a change of source shall be reported immediately to the State. Submission of plans or an engineering report may be required.

**SAMPLING METHOD INFORMATION**

1.) **HETERO TROPHIC PLATE COUNT** – Bacteria per milliliter, agar @ 35 C for 72 hours for bottled finished product(s) (EPA Microbiological Manual 1978, Part III, Section A)

2.) **COLIFORM organisms** – Circle Method used

3.) **PROCESS CONTROL** – means bacteriological quality at various stages of treatment such as “untreated,” “post carbon filter” or “post ozonation.” Indicate sample location at top of column.

4.) **FINISHED BOTTLED WATER** – means bacteriological quality of water in actual containers for consumer consumption. Samples must be representative of a full day’s production.

**FOR FURTHER INFORMATION REFER TO CHAPTER 1 STATE SANITARY CODE PART 5, SUBPART 5-6 BOTTLED AND BULK WATER STANDARDS.**


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Coliform, Total/ E. coli (QL = Qualitative = presence/absence): 
- Readycult Coliforms CF-QL 100 P/A Test 1114
- CF-QL ColiHer 1020
- CF-QL SM 18-21 9223B (97) (Colilert) 9131
- CF-QL Colilert Test 9133
- FB-PAF-QL SM 18-20 9221D/40 CFR 141.21(F)6i 9128
- MF-QL Chromocult Coliform Agar – MF 1119

Coliform, Total/ E. coli (QN = Quantitative = most probable number): 
- CF-QL SM 18-21 9223B (97) (Colilert) 9131
- FB-QN SM 18-21 9221B(99)/40CFR141.21(F)6i 1010
- MF-QN SM18-21 9223B(97)/40CFR141.21(F)6i/ii 1008
- FB-PAF-QL SM 18-20 9221D/40 CFR 141.21(F)6i 9128
- MF-QL 40 CFR 141.21 (f) 6v/MI Agar-1604 1021
- MF-QL Chromocult Coliform Agar – MF 1119

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