



## Private Individual Residential Well Bacteriological Analysis Request

**Charge Code: WSR** \*

**Please Note: Not for use on public water systems.** Please contact your local DHEC-EQC office for public water concerns. The report represents the bacteriological quality of the water sample submitted to the DHEC Laboratory. **This report DOES NOT represent approval of water system construction or approval for real estate loans.** \*

Please complete all applicable white areas of form and use one form per sample. Areas in **gray** are for DHEC/Laboratory use only.

**Mailing Address:** Name: \_\_\_\_\_ Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Well ID SCW: \_\_\_\_\_

Sample bottle should contain white crystals of **sodium thiosulfate**. See Instructions.

**Sample Information:**

Date Collected: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Time Collected: \_\_\_\_\_  
 Collected by: \_\_\_\_\_  
 County: \_\_\_\_\_

**Sample Type: (If Known)**

- 1st Time Sample
- or
- Repeat

**Results will not be faxed by the Laboratory. Note:**

This test is for Total Coliform Bacteria. If this bacteria is detected, the sample will be further tested for E. Coli Bacteria. E. Coli Bacteria can not be present if there are no Total Coliform Bacteria present.

**Sample Location**

Kitchen Faucet                      or                       Outside Spigot

**Well Location (If different than mailing address)**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_

| Laboratory Number | Total Coliform |        | E. Coli |        |
|-------------------|----------------|--------|---------|--------|
|                   | Present        | Absent | Present | Absent |
|                   |                |        |         |        |

|   |   |
|---|---|
| Delivered by (Signature): _____             | Received by: Health Department/Regional Lab:<br>Date: _____ Time: _____ |
| Released by: Health Department/Regional Lab | Received by: Central Lab  |
| Date: _____ Name: _____                     | Date: _____ Name: _____ Time: _____                                     |
| Examined by (Signature): _____              | Reported by (Signature) _____   |
| Date: _____ Time: _____                     | Date: _____ Time: _____   |
|   | Released by (Signature): _____  |
|   | Date: _____   |