Public Health
Prevent. Promote. Protect.
Montgomery County Health Department

PRIVATE WATER SUPPLY REPORT
Montgomery County Health Dept.
110 W. South Blvd.
Crawfordsville, IN 47933
Certified Lab ID#: 54-01
765-364-6440

Sample Number _____

Date Received _____

SAMPLES SUBMITTED WITHOUT COMPLETED FORM WILL NOT BE ANALYZED. **USE BLACK INK**

_____
(NAME)

_____
(STREET)

_____
(CITY, STATE, ZIP)

SAMPLE DESCRIPTION

Sample Source:
☐ Drilled Well ☐ Dug Wel ☐ Driven Well
☐ Spring ☐ Cistern ☐ Beach/Ditch

County _____
Owner _____
Date Collected _____ Time Collected _____

Collected by _____ Depth _____
Phone _____
Water use by _____
Location of water supply _____
Reason for examination _____
Age of well _____ Date of last repair _____
Location with respect to: privy ___ft. cesspool ____ft.
Septic tank _____ft. Sewers or drains _____ft.
Pump spout-open/closed_____ Require priming? ___
Well diameter _____ Is cover watertight?_____

For dug wells:
Are walls watertight to depth of 10ft? _____
Is wastewater carried away? _____

For drilled or driven wells:
Single or double tubular? _____
Is annuiar space between the two pipes sealed? ____
Well pit? _____ Drained to _____ Depth cased ____ft.

For springs:
Is it walled up and covered? _____
Can it be flooded? _____

For Cisterns:
Material of pipeline to cistern _____

Fax Number: _____

Email: _____

TEST: TOTAL COLIFORM
METHOD:
☐ **MF** ☐ **MPN** ☐ **LST P/A** ☐ **MM P/A** ☐ **MM QT**

RESULTS:
☐ **PRESENT**
☐ **ABSENT**
☐☐☐☐☐☐☐ **ANALYST**

TEST: ☐ **FECAL COLIFORM** ☐ **E. COLI**
METHOD:
☐ **MF** ☐ **MPN** ☐ **EC P/A** ☐ **MM P/A** ☐ **MM QT**

RESULTS:
☐ **PRESENT**
☐ **ABSENT**
☐☐☐☐☐☐☐ **ANALYST**

If P/A is checked the result is presence (P) or absence (A)
If MPN or MM QT is checked the result is the most probable number per 100 ml.

WATER LAB HOURS: MON-THUR 8AM-3:30PM
$20 PER SAMPLE

REPORT OF SAMPLES

☐ **SATISFACTORY:** At examination time, this water was bacteriologically safe based on USEPA standards.

☐ **UNSATISFACTORY:** At examination time, this water was bacteriologically unsafe.

☐ **PLEASE SUBMIT ANOTHER SAMPLE.**
TEST NOT VALID BECAUSE:

☐Too long in transit (more than 30 hours)

☐Invalid/no collection date.

☐Sample type not designated.

☐Other _____

Remarks:

Directions For Describing, Collecting and Delivering The Sample

- **Describing The Sample**

1. The regulations of the Indiana State Department of Health provide that samples of water shall not be examined unless they are collected in containers furnished for the purpose and the description blanks are filled out completely.

- **Collecting The Sample**

1. A dechlorinating agent has been added to the bottle. It may appear as a white crystal, a drop of water, or a spot of powder two or three millimeters in diameter. It is sodium thiosulfate. DO NOT wash or rinse it out. The purpose of the bottles containing thiosulfate is to destroy the chlorine present at the moment the sample is collected. Sodium thiosulfate prevents the killing action of the chlorine on the bacteria while the sample is being transported to the laboratory. Water samples which contain chlorine residuals when they reach the laboratory will not be examined.
2. A sample shall be taken from a tap, such as a faucet, petcock, or small valve. No sample shall be taken from a fire or yard hydrant or a drinking fountain. Kitchen sinks, threaded hose bibs, softened or treated water lines, and spigots with screens or aerators are poor sampling points and should be used only if better sampling points are not available.
3. When the sample is to be collected from a tap, allow the water to run freely for at least five minutes to flush out pipes and fixtures. Time by a watch; do not guess.
4. Remove the screw cap being careful not to touch or otherwise contaminate the inside part of the cap or the neck of the bottle itself.
5. Reduce flow of water in tap to a steady stream about the size of a pencil. Fill the bottle exactly to the 100ml line on the bottle. At this level, there will be 100ml of water and about 25ml of air space.
6. Replace the screw cap using the same care as before.

- **Delivering The Sample**

1. Samples are accepted Monday-Thursday, 8am-3:30pm.
2. Cost per sample is $20, due when sample is brought in.
3. Present/Absent test results for Ecoli and Coliform Bacteria will be ready 24 hours after sample is brought in.