



TOTAL COLIFORM / GROUNDWATER RULE REPORTING

State Form 53297 (R3 / 1-13)
Indiana Department of Environmental Management (IDEM)
Office of Water Quality - Drinking Water Branch - Compliance Section

Lab received: 03 / 05 / 18
(mm/dd/yy)

Time received: 11:00 AM
PM

Date reported: 03 / 06 / 18
(mm/dd/yy)

CERTIFIED LAB NUMBER: M - 29 - 01

TO BE COMPLETED BY THE PUBLIC WATER SYSTEM

Samples will not be analyzed if this form is not complete. Use black ink.

Laboratory, please send a copy to:

Name: Carmel Clay Parks and Recreation

Street: 1411 E. 116th Street

City: Carmel IN ZIP: 46032

Organization telephone number: (317) 571 - 4032

PWSID:

I N 2 2 9 0 8 0 1

Collection Date (mm/dd/yyyy): 03 / 05 / 2018
Collection Time: 3 : 40 PM

Sample Location Address: 5100 E. 116th Street

Sample Comments / Remarks (tap, sink, boil water, etc.):
Flowing Well

Chlorine Residual at Sample Location:
FREE 0.0 mg/L TOTAL 0.0 mg/L

SAMPLE TYPE (check appropriate box):

TCR: [X] Routine [] Repeat [] Special
GWR: [] Source triggered (TG) [] Source additional (CO)

Well Number / ID:

Date of Original Sample - only if repeat or additional (mm/dd/yyyy):

Lab Sample ID of Original Sample:

Additional Comments: SWD TO IDEM

Printed Name and Initials of Sample Collector:
Alex Brown APB

Printed Name and Initials of Certified Operator:

ANALYSIS DATA - FOR LAB USE ONLY

Lab Sample ID: BL0318-005

TEST RESULTS: Total Coliform

METHOD:
[] MF [] MPN [] LST P/A [X] MM P/A [] MM QT

RESULTS: [] PRESENT [X] ABSENT
Most probable number:

Analyst: Karissa Date: 03 / 05 / 18 Time: 1600

TEST RESULTS: [] Fecal Coliform [] E Coli

METHOD:
[] MF [] MPN [] LST P/A [] MM P/A [] MM QT

RESULTS: [] PRESENT [] ABSENT
Most probable number:

Analyst: Date: Time:

HETEROTROPHIC PLATE COUNT:

[] /1.0mL [] /0.1 mL [] TMTC (Too many to count)

* If MPN or MMQT is checked, the result is a statistical determination of the most probable number per 100 mL. If MF is checked, the result is in organisms per 100 mL. If P/A is checked, the result is present or absent.

FOLLOW-UP ACTION IS REQUIRED:

- [] SUBMIT REPEAT SAMPLES
[] SAMPLE WAS REJECTED BECAUSE:
[] Too long in transit (> 30 hours)
[] Invalid or no collection date and/or time
[] High background count
[] Sample broken or leaked in transit (insufficient volume)
[] Residual chlorine present