

GROUNDWATER SAMPLE CARDS

Instructions on how to fill out the existing sample cards (MSDH Form 425) for Ground Water Rule samples.

For Triggered Samples:

1. Check the “**Resample**” box.
2. In the “Site Code” blank, put “**WL00X**” (where X is the MSDH well number that you are sampling).
3. In the “Collection Site Address” blank, describe the well location or put your system’s name for the well, followed by the word “**Triggered**”.
4. Chlorine should be zero, since the sample is a raw water sample.
5. Put your system label on the card and on the bottle.

Drinking Water Microbiology (Method SM9223 20th Ed.)	
<input type="checkbox"/> Routine <input checked="" type="checkbox"/> Resample <input type="checkbox"/> Boil Water <input type="checkbox"/> Monitoring <input type="checkbox"/> Other (MPN) _____	Name of System <u>City of Jonesville</u> Public Water Supply ID # <u>MS0010001</u> Resample Code _____ (Enter code only if assigned by MSDH)
Site Code <u>WL003</u>	
Collection Site Address <u>Well on Brighton St. - Triggered</u>	
Collected by <u>A. Jones</u>	
Date Collected <u>12/5/09</u> Time Collected <u>8:00</u> AM _____ PM	
Chlorine Free <u>0</u> Total _____	
FOR LAB USE ONLY	
_____ Total Coliform and E. Coli Absent	
_____ Total Coliform Present	
_____ Total Coliform and E. Coli Present	
Analyst Initial _____ Verification Initial _____	
Comments: _____	
MSDH FORM 425 (REVISED April 2008)	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Place Barcode Label Here.</div>	

To Clear the Well:

1. Check the “**Monitoring**” box.
2. In the “Site Code” blank, put “**WL00X**” (where X is the MSDH well number that you are sampling).
3. In the “Collection Site Address” blank, describe the well location or put your system’s name for the well, followed by “**well clearing**”.
4. Chlorine should be zero, since the sample is a raw water sample.
5. Put your system label on the card and on the bottle.

Note: there should be two of these samples taken two hours apart to clear the well.

Drinking Water Microbiology (Method SM9223 20th Ed.)	
<input type="checkbox"/> Routine <input type="checkbox"/> Resample <input type="checkbox"/> Boil Water <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Other (MPN) _____	Name of System <u>City of Jonesville</u> Public Water Supply ID # <u>MS0010001</u> Resample Code _____ (Enter code only if assigned by MSDH)
Site Code <u>WL003</u>	
Collection Site Address <u>Well on Brighton St. — well clearing</u>	
Collected by <u>A. Jones</u>	
Date Collected <u>12/10/09</u> Time Collected <u>8:00</u> AM _____: _____PM	
Chlorine Free <u>0</u> Total _____	
FOR LAB USE ONLY	
_____ Total Coliform and E. Coli Absent	
_____ Total Coliform Present	
_____ Total Coliform and E. Coli Present	
Analyst Initial _____ Verification Initial _____	
Comments: _____	
MSDH FORM 425 (REVISED April 2008)	
Place Barcode Label Here.	