Nitrate & Bacteria Sample Submission Form

2020 Revision

STATE OF MONTANA ENVIRONMENTAL LABORATORY
P.O. Box 4369, Helena, MT 59604
(406) 444-3444, Toll-Free (800) 821-7284
https://dphhs.mt.gov/publichealth/LaboratoryServices/EnvironmentalLaboratory

Submitter Name & Address:

PWSID:	
Account:	
System Name:	
City:	
County:	
Email:	
Contact Phone:	

Annual Nitrate + Nitrite Sample

- For Entry Point sampling only.
- Do NOT use bacteria bottles for Nitrate sampling.

Sample ID (EP#):	
Collection Date:	
Collection Time:	
Collected By:	

For Laboratory Use Only

Nitrate Lab Number

Coliform (TCR) Bacteria Sample

- Please fill bottle to 100mL line; do NOT under fill or sample will be invalidated.
- Transport samples on a day when the water in the bottle will not freeze during shipping.
- On hot days keep the samples from overheating.
- Frozen or hot samples will be invalidated.

Yes, send me _____ extra sampling bottles.

Sample Type R= Routine RP= Repeat TG= Source/Raw S= Special LT2=LT2 rule (SP) HPC= VA facility	Sample Site/ Description	Collection Date	Collection Time	Collected By & Phone Number	Chlorine Residual	For Laboratory Use Only Bacteria Lab Number

*Ground Water Systems submitting repeat samples immediately following a positive Coliform and/or E. coli result should take ONE Triggered Groundwater Source sample (TG) at EACH well that was in use at the time of the positive sample; these should be Raw Water collected prior to any pressure control, storage, or other system facility. 3 Repeat (RP) samples must also be taken: one at the positive location, one upstream and one downstream from the positive location.

Original Positive Lab Number

Original Positive Sample Date

Payment Received
Amount: _____
Check#: _____
Received by: _____

FOR LABORATORY USE ONLY

Sample Temperature: _____ °C

Date/Time Received: _____ @ _____
Received By: _____
Reviewed/Login rev. By: _____ / _____

Delivery: Walk in Courier USPS UPS FedEx

Test: TCPA TCQT HPC Invalid _____
NO3 NO3NO2-IC