

# (Example of a Bacti Report)

Nebraska Health and Human Services  
Public Health Laboratory  
3701 South 14th Street  
Lincoln, NE 68502  
(402) 471-2122  
(402) 471-2080 (Fax)

Laboratory Report Printed on: (1) Month-Date-Year

(2) **NE3111054**  
(3) **NONAME, VILLAGE of**  
(4) **JOHN DOE**  
**4123 AVE E.**  
**NONAME, NE 69155**

(5) **Laboratory Analysis For: Coliform**  
(6) **Purpose of the test and/or sample comments : Routine Coliform for August 2000**

(7) Laboratory Numer: **P164952-6** (11) Date Collected: **30-Aug-2000 12:00 PM**  
(8) Sampled By: **John Doe** (12) Date Received: **31-Aug-2000**  
(9) Location: **Kitchen Sink**  
(10) Sample Point: **950**

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See reverse side of report for description of acronyms and data qualifiers  
For inquiries on result interpretation call (402) 471-2541.

(13) Parameters	(21) Results	(15) Units	(16) Method	(18) Analysis Date	(19) Analyst
TOTAL COLIFORM	Total coliform absent-meets bacteriological standards	cfu/100ml	9223B	09/15/00	KC
E.COLI	E.coli absent	cfu/100ml	9223B	09/15/00	KC

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Use the following pages to understand how to read and interpret your report.

1. On the top of your report will be the **date the report was printed**.
2. Your **project name or number** will appear on the second line of the report, just above your name and address. If this **report is for a public water system** the project # is the NE31# or NE32# that has been assigned by the DHHS, Division of Public Health. If this **report is for a private individual** the project name consists of the individuals last name followed by the first three letters of the first name. If this **report is for a private company**, the project name consists of an abbreviation of the company name.
3. The **name and address of the client** will appear here on each report.
4. If this is for a public water system, the **name of the water operator** will appear here.
5. After the name and address you will notice a box that says: **Results for:** There should be some text after this to denote what the testing result is for. Such as Private T/E Coli, or SDWIS T/E Coli. T/E stands for total coliform and E.coli.

6. Under the results for box, if it applies, you will see an indication as to the **purpose of the test**. Such as Initial Repeat, Special Request, Replacement or Monthly Routine Month 11 Week 4.
7. The **laboratory number** is the P# assigned to the request before the sample kit goes out to you. We can track the sample activity of each sample by using this number. This number is unique to this one sample.
8. If a **sample collector** is identified on the sample request form, it will appear here.
9. If the **location of sample collection** is indicated on the sample request form, it will appear here.
10. The **Sample Point** will either be blank or contain the #950. This # comes from the Public Water Monitoring Program staff and is a code used by the program's computer data system.
11. The **date and time the sample was collected** will appear here, as long as it was recorded by the sample collector on the sample request form.
12. The **date the sample was received** at the laboratory will appear here.
13. Under **Parameters** will be listed the type of tests that were performed for this sample. Such as E. coli, Total Coliform, Nitrate.
15. **Units** for the results appear here. Cfu/100ml stands for colony forming units per 100 milliliters of sample.
16. Under **Method** will be listed the method for each Parameter listed.
18. The **Analysis Date** will tell you what date the test was performed.
19. The initials of the **Analyst** that performed the test or the initials of the contract lab that performed the test will appear here.

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### **TOTAL COLIFORM TERMINOLOGY (DRINKING WATER)**

**SDWIS T/E Coli - Routine Sample** - Required monitoring samples, which are sent to each PWS System monthly or quarterly. Used to detect total Coliforms and E. coli.

**Private T/E Coli - Private Sample** - Sample kit sent to private citizen upon request. Used to detect Total Coliforms and E. coli.

**Initial Repeat - OR - ORIGINAL** - This initial repeat sample is to be taken from the site downstream of the previous positive sample.

**DN - DOWNSTREAM** - This initial repeat sample is to be taken from a site downstream of the previous positive.

**UP - UPSTREAM** - This initial repeat sample is to be taken from a site upstream of the previous positive.

**OT - OTHER SITE** - This initial repeat sample is to be taken from a site other than the original site of the previous positive.

Required monitoring samples which are taken after Total Coliform is present in a routine sample. The method used for Initial Repeats is EPA 9223B, provides the number of colony forming units (CFU) instead of presence or absence. Usually 3-4 samples are required to determine whether the problem is site-specific or if there are other samples with Total Coliform presence.

**Additional Routine** - Required extra routine samples that are sent the month following a presence of Total Coliform. Usually 3-4 samples.

**Special** - Extra samples which the PWS operator may request to help determine if the system is "clean" following the presence of Total Coliform, when pressure has been lost, or work has been done on the mains, etc. Check samples are not required, the Drinking Water Program recommends using these types of samples to help clear up problems and prevent further presence of Total Coliform.

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## ACRONYMS

**Membrane Filter Technique** - EPA Test Method 9222 that determines the count of Total Coliform and presence/Absence of E. coli.

**Colilert** - EPA Test Method 9223B that determines only presence or absence of Total Coliform and E. coli. It is reported as present or absent for Total Coliform and E. coli.

**QT - QUANTI-TRAY** - EPA Test Method 9223B. This method is a type of Colilert test, which can be requested for Total Coliform and E. coli. The Quanti-tray Colilert is reported as the number of colony forming units (CFU) instead of presence or absence.

**Units - cfu/100 ml - Colony Forming Units per milliliters** - A unit of bacteria that will form one colony in 100 milliliters of sample.

**Analyst** - The initials of the laboratory staff who performed the test.

**Excessive Age** - The sample was received at least 30 hours after it was collected. This test was not performed.

**Insufficient Amount** - The amount of sample the laboratory received was less than the 100 ml required to perform the test.

**Improper Container** - The container used to collect the sample was inappropriate for the test requested.

**Damage** - Something damaged the sample before it could be tested. The bottle may have broken or sample contaminated.

**Insufficient Sample Information** - The sample collector failed to include the laboratory request form with the sample, date of sampling on the request form, or the collector may have put the same lab number (P#) on multiple samples.

**Excess Chlorine Interference** - The results can not be determined due to excess chlorine in the sample.

**Total Coliform Present** - The test detected the presence of total coliform in the sample. The sample **does not** meet bacteriological standards.

**Total Coliform Absent** - The test did not detect the presence of any total coliform. The sample **meets** bacteriological standards.

**E. coli Present** - The test detected the presence of E. coli in the sample. The sample **does not** meet bacteriological standards.

**E. coli Absent** - The test did not detect the presence of any E. coli in the sample. The sample **meets** bacteriological standards.

**0** - The test did not detect the presence of any Total Coliform or E. coli present in the sample. The sample **meets** bacteriological standards.

**Any Number over 0** - The test detected Total Coliform or E. coli present in the sample. The number indicates the total number of colony forming units present in 100 ml of the sample. The sample **does not** meet bacteriological standards.