



### COLILERT PRESENCE/ABSENCE BACTERIOLOGICAL WATER SAMPLING RECORD

This form must be faxed to (867) 669-7517 or emailed to [environmental\\_health@gov.nt.ca](mailto:environmental_health@gov.nt.ca)

Community Name:

\*Ensure to complete all information in a line for each sample or your submission will not be accepted by Environmental Health Services.

Location of Sample	Treated or Raw	Sampled by	Tested by	Date/Time Sample Collected	Date/Time Sample Read	Coliform (Yellow)	E.coli (Fluorescent)	Comments
	<input type="checkbox"/> Treated <input type="checkbox"/> Raw					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Treated <input type="checkbox"/> Raw					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Treated <input type="checkbox"/> Raw					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Treated <input type="checkbox"/> Raw					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Treated <input type="checkbox"/> Raw					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Treated <input type="checkbox"/> Raw					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Operator Name:				Email:		24/7 Telephone Number:		