

**Bacteriological Analysis Sample Summary  
Bacteriological Analysis Individual Samples  
DHEC Form 1974**

**Purpose:** The purpose of DHEC Form 1974 when properly completed and submitted to SCDHEC ensures the safety of water served to the public with respect to bacteriological quality.

**ITEM BY ITEM INSTRUCTIONS:**

*This form is PDF fillable. Upon entry of the PWSID, PWS NAME, LABID (chlorine residual), and LABID (samples) on the Bacteriological Analysis Sample Summary page, the data will pre-fill into Bacteriological Analysis Individual Samples Page.*

**Bacteriological Analysis Sample Summary Page**

1. PWSID: Enter the seven (7) digit drinking water permit number
2. PWS NAME: Enter the name of the water system associated to the PWSID
3. COMPLIANCE PERIOD: Enter the Month-Year or Quarter-Year for the compliance period. I.E.; If reporting monthly results for August 2018 enter Aug-2018; If reporting quarterly results for 3<sup>rd</sup> quarter 2018 enter 3<sup>rd</sup> Q-2018
4. CYCLE (select one): Select either Quarterly or Monthly according to your routine monitoring schedule
5. CHLORINE RESIDUAL: Enter the chlorine residual if the water system disinfects
6. LABID: Enter the five (5) digit code for the certified lab analyzing the chlorine residual result
7. TOTAL # OF SAMPLES COLLECTED AND ANALYZED: Enter the total number
8. # OF INITIAL ROUTINE TC+ SAMPLES: Enter the number of routine total coliform positive samples
9. # OF INITIAL ROUTINE EC+ SAMPLES: Enter the number of routine E. coli positive samples
10. METHOD CODE FOR TOTAL COLIFORM ANALYSIS: Enter the method code used by your certified lab to analyze your bacteriological samples for total coliform
11. METHOD CODE FOR E. COLI ANALYSIS: Enter the method code used by your certified lab to analyze your bacteriological samples for E. coli
12. LABID: Enter the five (5) digit code for the certified lab analyzing the total coliform and E. coli samples
13. SIGNATURE: Signature of responsible party reporting for the PWSID-PWS NAME.
14. DATE: Enter date report was completed

**Bacteriological Analysis Individual Samples Page**

*This page contains 10 rows for sample entry. If more than 10 samples are being reported, additional copies of the Bacteriological Analysis Individual Samples page can be used and submitted with the 1974 form.*

1. LAB SAMPLE ID: Enter the sample number assigned by the certified lab for the sample and analysis
2. SAMPLE LOCATION: Enter the description of the tap used for collection of the sample and the physical location or 911 address. If reporting a TGSR sample, enter the description of the source.
3. COLLECTION DATE (MM/DD/YY): Enter the date the collected (MM/DD/YY)
4. COLLECTION TIME (24HR): Enter the time collected (24HR)
5. SAMPLE TYPE: Enter the type sample utilizing the following codes:

SAMPLE TYPE CODE	DESCRIPTION
RTOR	ROUTINE ORIGINAL
RPOR	REPEAT ORIGINAL
RPUP	REPEAT UPSTREAM
RPDN	REPEAT DOWNSTREAM
TGSR	TRIGGERED SOURCE
SPPR	SPECIAL PURPOSE SAMPLE

Note: Special purpose samples are not used to determine compliance.

6. SAMPLE VOLUME: Enter sample volume

7. REPEAT LOCATION: Enter the repeat location utilizing the following codes:

REPEAT LOCATION CODES	DESCRIPTION
OR	ORIGINAL
UP	UPSTREAM
DN	DOWNSTREAM
SR	SOURCE

8. ORIGINAL SAMPLE ID: When entering result information for repeats, the original sample that was TC+ and/or EC+ must be referenced. Enter the lab sample ID for the original sample for which you are reporting the required repeat results.
9. ORIGINAL COLLECTION DATE (MM/DD/YY): When entering result information for repeats, the original sample that was TC+ and/or EC+ must be referenced. Enter the collection date for the original sample for which you are reporting the required repeat results
10. 3100 TOTAL COLIFORM A/P: Enter the result for total coliform utilizing the following codes:

RESULT CODE	DESCRIPTION
A	ABSENT
P	PRESENT

11. 3014 E. COLI A/P: Enter the result for E. coli utilizing the following codes:

RESULT CODE	DESCRIPTION
A	ABSENT
P	PRESENT

12. SOURCE TYPE: Enter the source water type for the water system associated to the PWSID-PWS NAME using the following codes:

SOURCE TYPE	DESCRIPTION
SW	SURFACE WATER
GW	GROUNDWATER
MX	MIX (SERVES BOTH SW AND GW)

13. SOURCE ID: Enter the water system facility ID (WSFID) of the groundwater (GW) source if the system is a GW system or serving a mix of SW and GW. The Groundwater Rule (GWR) requires that a Triggered Source (TGSR) sample be collected prior to treatment from each GW source in use at the time the initial TC+ and/or EC+ sample was collected. The required format of the Source ID is a six (6) character code beginning with the letter "G". I.E.; G12345.
14. CHLORINE RESIDUAL: If the water system disinfects, enter the chlorine residual result.

**Office Mechanics and Filing:** Upon completion of the form, the form should be signed, dated and reported to SCDHEC, 2600 Bull Street, Columbia, SC, 29201, no later than the 10<sup>th</sup> of the month following the compliance cycle. The final report from the certified lab analyzing the samples must be submitted with the 1974 form. The form can be submitted to [BacteriologicalRpts@dhec.sc.gov](mailto:BacteriologicalRpts@dhec.sc.gov).