



**Drinking Water & Recreational Waters Compliance
Natural Public Swimming Areas
Bacteriological Analysis Input Form**

1. Permit Number _____

2. Name of Natural Swimming Area _____

3. Analytical Method _____

4. Contaminant ID *E. coli*

5. Sample Type _____

6. Compliance Period (mo/yr) _____

7. Number of Samples Required _____

Sample Date	Sample Location	<i>E. coli</i> (MPN)
_____	_____	_____
_____	_____	_____

8. Number of Samples Exceeding 349/100ml. _____

9. Number of Repeat Samples Taken _____

Sample Date	Sample Location	<i>E. coli</i> (MPN)
_____	_____	_____
_____	_____	_____

10. Number of Repeat Samples Exceeding 349/100ml _____

11. Laboratory ID _____

12. Laboratory Name _____

13. Laboratory Address. . . _____

14. Comments:

Signature: _____ Date: _____

This signature certifies that all samples were collected, analyzed and reported according to R.61-50 Natural Public Swimming Area Regulations.

**Drinking Water & Recreational Waters Compliance
Natural Public Swimming Areas
Bacteriological Analysis Input Form**

PURPOSE: This form is intended for use by commercial and municipal laboratories to record and report *E. coli* (MPN) for natural public swimming facilities in the state of South Carolina.

This application must be submitted to the following address:

SC DHEC
Bureau of Water
Drinking Water and Recreational Waters Compliance Section
Recreational Waters Manager
2600 Bull St.
Columbia, SC 29201

ITEM BY ITEM INSTRUCTIONS FOR COMPLETING THIS FORM:

Line 1: Enter the permit number of natural public swimming facility.

Line 2: Enter the name of the natural public swimming facility.

Line 3. Enter the analytical method used to enumerate the *E. coli*.

Line 4. The contaminant ID is *E. coli*.

Line 5. Enter the sample type (ex. grab, composite, etc).

Line 6. Enter the compliance period (month and year).

Line 7. Enter the number of samples reported/required. Note R.61-50 requires a minimum of two sampling events per month not more than fourteen (14) days apart. In a normal thirty (30) day sampling period two (2) samples per month should be reported.

Under line 7. Enter the sampling dates, sample locations (ex. Left side of diving platform @ 6ft. depth), and *E. coli* (MPN).

Line 8. Enter the number of samples exceeding 349/100 ml.

Line 9. Enter the number of repeat samples reported/required. If additional repeat samples are needed/reported enter those samples as prescribed above in the comment section.

Under line 9. Enter the sampling dates, sample locations (ex. Left side of diving platform @ 6 ft. depth), and *E. coli* (MPN).

Line 10. Enter the number of repeat samples exceeding 349/100 ml.

Line 11. Enter the laboratory DHEC identification number.

Line 12. Enter the laboratory name

Line 13. Enter the laboratory address

Line 14. Enter any comments or use this space to report additional repeat samples.

REMEMBER TO SIGN AT THE BOTTOM. ALL SIGNATURES MUST BE ORIGINAL.

OFFICE MECHANICS AND FILING:

This form should be **filed** in the Recreational Waters file room according to the facility permit number.