

**INSTRUCTIONS FOR COMPLETING THE MICROBIOLOGICAL
CONTAMINANT MONTHLY OPERATION REPORT (MOR)
EPA FORM 5001 (1/00)**

1. PUBLIC WATER SYSTEM INFORMATION

Print or type name of public water system (PWS).
Enter the PWS ID number.

Place an X in the appropriate box whether extra sampling is required as a result of a coliform positive sample from the previous month.

2. LABORATORY INFORMATION

Enter month and year being reported.

Enter the name and ID number of the laboratory reporting the data. The reporting lab and ID number is the name and approval/reporting number (not PWS ID number) of the PWS or laboratory who is compiling the information on the microbiological MOR.

3. ANALYTICAL INFORMATION

- (a) Location of Sample Tap - enter specific location or address of sample tap.
- (b,c) Chlorine Residual - enter the free and/or combined chlorine residual determined at the sample location.
- (d) Date Collected - enter the date the sample was collected.
- (e) Lab Cert. Number - enter the ID number of the laboratory that analyzed the sample.
- (f) Analyst Number - enter the ID number of the analyst that analyzed the sample.
- (g) Date Analyzed - enter the date the sample was prepared for incubation.
- (h) Sample Number - enter the sample number of the sample (10 digits maximum, numbers only).
- (i) If Repeat... - if this sample is a repeat, then enter the sample number of the original sample for which this is a repeat.
- (j) MF/MMO - enter the type of test used to determine sample results - either Membrane Filter or MMO-Mug.
- (k) CG/HBC - if the sample had confluent growth (CG) or a high background count (HBC), enter that condition.

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- (l) Total Coliform - enter an X in the column whether the sample was positive or negative.
 - (m) E. Coli - enter an X in the column whether the sample was positive or negative (only entered if MMO method was used). Leave blank if the sample was not tested for E. coli.
 - (n) Fecal - enter an X in the column whether the sample was positive or negative (only entered if MF method was used). Leave blank if the sample was not tested for fecal coliform.
 - (o) Special Purpose Sample - enter an X in the column if the sample was for a special purpose rather than compliance.
 - (p,q) Total - enter the total value of all free chlorine residuals (p) and all combined chlorine residuals (t).
 - (r,s) MAX. - enter the maximum value of all free chlorine residuals (r) and all combined chlorine residuals (s).
 - (t,u) MIN. - enter the minimum value of all free chlorine residuals (t) and all combined chlorine residuals (u).
 - (v,w) AVG. - enter the average value of all free chlorine residuals (v) and all combined chlorine residuals (w).
 - (x) Number of Routine Samples Required - enter the number of routine samples required per month for the population served.
 - (y) Number of Routine Samples Examined - enter the number of routine samples analyzed by the laboratory.
 - (z,aa) Finding on Routine Samples - enter the total number of total coliform negative (z) and/or total coliform positive (aa) samples.
 - (ab,ac) Finding on Repeat Samples - enter the total number of total coliform negative (ab) and/or total coliform positive (ac) samples.
4. Name and Certification Number of Operator in Charge, the signature of the responsible official, and the date the report is completed.
 5. Return completed report to your district office no later than 10 days after the end of the month you are reporting.

