NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Water Supply Protection

Bottled Water Monthly Operation Report

To: **New York State Department of Health**
Report on bottled water operation for: _____ For: _____/ _____
Name of Bottled Water Facility — Month — Year

Address: _____ NYSHD Cert. #: _____
(Must be included)

** See Instructions on reverse side*

PRODUCTION BACTERIOLOGICAL SAMPLES																	
SOURCE/PROCESS CONTROL										FINISHED BOTTLED WATER							
Date	Daily Production (Gallons)	Plate Count	Coliform	Plate Count	Coliform	Plate Count	Coliform	Plate Count	Coliform	Plate Count	Coliform	Plate Count	Coliform	Plate Count	Coliform	Plate Count	Coliform
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Signature of Sampler: _____ ELAP Laboratory: _____

TO BE COMPLETED EACH MONTH

Describe treatment and any variation: _____

_____

Source of supply used this month: _____

_____

Month's production	Container Size	How Many	Single Use	Reusable
Please indicate:	**5 Gallons**		☐	☐
☐ Production for NYS Only	**Gallons**		☐	☐
☐ Total Plant Production	**Liters**		☐	☐
	Other (specify)		☐	☐

Comments: _____

INSTRUCTIONS

Send completed form to the New York State Department of Health, Bureau of Water Supply Protection, Corning Tower, Rm. 1168, Empire State Plaza, Albany, NY 12237 or h2ocert@health.ny.gov no later than the 10th of the month following the month of the reporting period.

*Please note if you have indicated that delivery was to a private well, you must also forward a copy of this report to the United States Environmental Protection Agency (EPA) at the following address: Ground Water Compliance Section, U.S. Environmental Protection Agency 290 Broadway, 20th Floor, New York, NY 10007-1866

REQUIRED NOTIFICATION

Any person who owns or operates a bottled or bulk water facility must notify the State by telephone, facsimile (FAX) copy or other means when feasible, but no later than 24 hours of learning of the existence or potential existence of a violation of Section 5-6.11 of this Subpart. Any interruption or change in the operation or treatment, or a change of source shall be reported immediately to the State. Submission of plans or an engineering report may be required.

SAMPLING METHOD INFORMATION

1.) HETEROTROPHIC PLATE COUNT – Bacteria per milliliter, agar @ 35 C for 72 hours for bottled finished product(s) (EPA Microbiological Manual 1978, Part III, Section A)
HETEROTROPHIC PLATE COUNT – Bacteria per milliliter, agar @ 35 C for 48 hours for source(s) (F-HPC-QN SimPlate 1024 or PP-QN SM 18-21 9215B 9136)

2.) COLIFORM organisms – **Circle Method used**

Coliform, Total/ E. coli (QL = Qualitative = presence/absence)

Readycult Coliforms CF-QL 100 P/A Test 1114 | CF-QL Colilert 1020 | CF-QL E*Colite Test 9133 | FB-PAF-QL SM 18-20 9221D/40 CFR 141.21(F)6i 9128 | MF-QL Chromocult Coliform Agar – MF 1119
CF-QL Colisure 1016 | CF-QL SM 18-21 9223B (97) (Colilert) 9131 | CF-QL Colitag 1029 | MF-F-QL 40 CFR 141.21 (f) 6v/MI Agar-1604 1021

Coliform, Total/ E. coli (QN = Quantitative = most probable number):

CF-QL SM 18-21 9223B (97) (Colilert) 9131
FB-QN SM 18-21 9221B(99)/40CFR141.21(F)6i 1010
MF-QN SM18-21 9222B(97)/40CFR141.21(F)6i/ii 1008

- **CF – Chromofluorogenic methods** (These all are based on an enzymatic color change to indicate presence of TC/EC. The actual "method reference" is Standard Methods 18-20 9223B. Each media has its own individual ELAP approval (Colilert, Colisure, E-Colite, Readycult and Colitag), but they all act on similar principle. The samples can either be reported as Presence/Absence (test one 100 mL aliquot) or as a Most Probable Number (MPN) by separating one 100mL sample into several aliquots. The method simultaneously tests for Total Coliforms and E. coli.
- **FB –** SM 18-21 9221B(99)/40CFR141.21(F)6i – This is known as Multiple-tube fermentation broth technique. Most labs have abandoned this method because it uses a lot of glassware, media and incubator space. This is generally thought of as a MPN method, but can be reported as Presence/Absence.
- **FB –** PAF-QL SM 18-20 9221D/40 CFR 141.21(F)6i is similar to the multiple-tube fermentation broth, but it is strictly a Presence/Absence test. The sample is a single 100 mL aliquot.
- **MF – Membrane Filtration methods** (40 CFR 141.21 (f) 6v/MI Agar-1604, Chromocult Coliform Agar and m-Coliblue 24 Test). These methods have the same technique (filter 100 mL of water through a special filter, incubate the sample, count the colonies and perform a verification step), but the media and verifications are slightly different. This is also generally thought of as a MPN method, but can be reported as Presence/Absence.

3.) PROCESS CONTROL – means bacteriological quality at various stages of treatment such as "untreated,""post carbon filter" or "post ozonation." Indicate sample location at top of column.

4.) FINISHED BOTTLED WATER – means bacteriological quality of water in actual containers for consumer consumption. Samples must be representative of a full day's production.

FOR FURTHER INFORMATION REFER TO CHAPTER 1 STATE SANITARY CODE PART 5, SUBPART 5-6 BOTTLED AND BULK WATER STANDARDS.

Available from: New York State Department of Health, Bureau of Water Supply Protection, Room 1110, Corning Tower, Albany, New York 12237. **http://www.health.ny.gov/environmental** **h2ocert@health.ny.gov**