



AmTest Laboratories

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COLIFORM BACTERIA ANALYSIS FORM

| | | |
|--|---|--------|
| Date Sample Collected / / Month Day Year | Time Sample Collected <input type="checkbox"/> AM <input type="checkbox"/> PM | County |
|--|---|--------|

Type of Water System (check only one box)
 Group A Public Group B Public Other _____

Group A and Group B Systems - Provide from Water Facilities Inventory (WFI):
 ID# _____

System Name: _____

Contact Person: _____

Day Phone: _____ Cell Phone: _____

Email: _____ Eve. Phone: _____

Send results to: (Print full name, address and zip code or email)

SAMPLE INFORMATION

Sample collected by (name): _____

| | |
|---|---------------------------|
| Specific location where sample collected: | Project Name or comments: |
|---|---------------------------|

Type of Sample (check only one box)

| | | | | | |
|--|--|--|--|--|--|
| 1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes ___ No ___ Chlorine Residual: Total ___ Free ___ | 2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes ___ No ___ Chlorine Residual: Total ___ Free ___ | | | | |
| 3. Source Ground Water Rule Sample <table border="1"> <tr> <td style="text-align: center;">S</td> <td></td> <td></td> <td></td> </tr> </table> <input type="checkbox"/> Triggered <input type="checkbox"/> Assessment | S | | | | |
| S | | | | | |

4. Enumeration Source Water Sample
 E. coli Fecal- Surface, GWI, Springs: Filtered Yes ___ No ___ S | | |

5. Sample Collected for Information Only:

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

| | |
|--|---------------------------------------|
| <input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent | <input type="checkbox"/> Satisfactory |
|--|---------------------------------------|

Replacement Sample Required
 Sample too old (>30 hours) TNTC _____

Bacterial Density Results: Total Coliform _____ /100ml. E.coli _____ /100 ml.
 Fecal Coliform _____ /100 ml. HPC _____ /1 ml.

Lab ID Number _____ Date and Time Received: _____

Method Code: _____ Date and Time Incubated: _____

Date Analyzed: _____ Date Reported: _____

DOH Lab-Sample# _____ Lab Use Only: _____

IMPORTANT: READ CAREFULLY

THIS SAMPLE WILL NOT BE EXAMINED IF ANY OF THE FOLLOWING APPLY:

- The sample is over 30 hours old upon receipt in the laboratory
- The sample is received after testing hours. (Contact the laboratory for the hours and days that samples are processed).
- The sample bottle is not properly filled. (See Fig. 3 below.)
- The fee for laboratory service has not been provided or other arrangements have not been made.
- The sample information form is not properly filled out.
- A container other than that provide by the laboratory is used.

COLLECTING AND SUBMITTING THE SAMPLE GENERAL

- Print on HARD SURFACE, clearly and heavily.
- Return all copies of this form with your sample.
- This bottle has been sterilized-handle with the greatest care to avoid contamination.
- Do not rinse this bottle.** Deposits which may be noticed on the inside of the bottle are traces of chemicals which have been added to help stabilize the bacterial population in your sample.

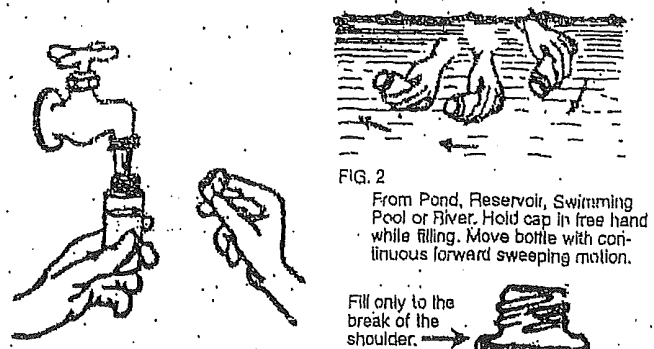
COLLECTION PROCEDURE

- Tap samples** (See Fig. 1). Remove screens aerators, or any other devices and allow water to run several minutes before taking sample. Do not wash faucet before sampling. Do not sample hot water.
- Well samples** (See Fig. 1). Pump out 5 to 10 pails before taking sample. Thorough pumping to remove all traces of chlorine is necessary if well was chlorinated before sampling.
- Lake, reservoir, swimming pool and river samples** (See Fig. 2). Select a point at which an average sample can be obtained.

SUBMITTING THE SAMPLE

- Fill out this form completely. Place filled bottle and form in mailing carton and return to the laboratory designated at the bottom of the form.
- Collect samples at a time such that they can be shipped or mailed immediately.
- Sample must reach the lab for analysis within 30 hours of collection.

➔ DRY OUTSIDE OF BOTTLE BEFORE PLACING IN MAILING CARTON



Air space is essential. If over-filled, pour out excess before replacing cap.

FIG. 3

DOH 305-002 Back (Rev. 7/91)
 DOH Regional Office