|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PlaceLogo Here | Add Your Name Here | | | | |  | Place Logo Here | Add Your Name Here | | | | | |
| **COLIFORM BACTERIA ANALYSIS FORM** | | | | | **COLIFORM BACTERIA ANALYSIS FORM** | | | | | |
| Date Sample Collected  **/ /**  Month Day Year | | Time Sample  Collected  AM  \_\_\_\_\_ : \_\_\_\_\_  PM | | County | | Date Sample Collected  **/ /**  Month Day Year | | Time Sample  Collected  AM  \_\_\_\_\_ : \_\_\_\_\_  PM | | | County | |
| Type of Water System (check only one box)  Group A  Group B  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Type of Water System (check only one box)  Group A  Group B  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):  ID# \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_  System Name: | | | | | | Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):  ID# \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_  System Name: | | | | | | |
| Contact Person: | | | | | | Contact Person: | | | | | | |
| Day Phone: ( ) | | | Cell Phone: ( ) | | | Day Phone: ( ) | | | Cell Phone: ( ) | | | |
| Email: | | | Eve. Phone: ( ) | | | Email: | | | Eve. Phone: ( ) | | | |
| Send results to: (Print full name, address and zip code or e-mail) | | | | | | Send results to: (Print full name, address and zip code e-mail) | | | | | | |
| **SAMPLE INFORMATION** | | | | | | **SAMPLE INFORMATION** | | | | | | |
| Sample collected by (name): | | | | | | Sample collected by (name): | | | | | | |
| Specific location where sample collected: | | | Special instructions or comments: | | | Specific location where sample collected: | | | Special instructions or comments: | | | |
| **Type of Sample** (select only **one** type of sample from types 1 through 5 below) | | | | | | **Type of Sample** (select only **one** type of sample from types 1 through 5 below) | | | | | | |
| 1.  **Routine Distribution Sample (A/P)**  Chlorinated: Yes\_\_\_\_\_\_ No\_\_\_\_\_\_  Chlorine Residual: Total\_\_\_\_ Free\_\_\_\_ | | | 2.  **Repeat Sample (A/P)**  (from distribution system after unsat. routine)  Unsatisfactory routine lab number:  \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  Unsatisfactory routine collect date:  \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_  Chlorinated: Yes\_\_\_\_\_\_ No\_\_\_\_\_\_  Chlorine Residual: Total\_\_\_\_\_ Free\_\_\_\_\_ | | | 1.  **Routine Distribution Sample (A/P)**  Chlorinated: Yes\_\_\_\_\_\_ No\_\_\_\_\_\_  Chlorine Residual: Total\_\_\_\_ Free\_\_\_\_ | | | 2.  **Repeat Sample (A/P)**  (from distribution system after unsat. routine)  Unsatisfactory routine lab number:  \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  Unsatisfactory routine collect date:  \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_  Chlorinated: Yes\_\_\_\_\_\_ No\_\_\_\_\_\_  Chlorine Residual: Total\_\_\_\_\_ Free\_\_\_\_\_ | | | |
| 3. **Ground Water Rule Source Sample**   |  |  |  | | --- | --- | --- | | **S** |  |  |   Triggered (A/P)  Assessment (A/P) | | | 3. **Ground Water Rule Source Sample**   |  |  |  | | --- | --- | --- | | **S** |  |  |   Triggered (A/P)  Assessment (A/P) | | |
| 4. **Surface or GWI Raw Source Water Sample** (Enumeration)   |  |  |  | | --- | --- | --- | | **S** |  |  |   *E. coli*  Fecal Filtered Yes\_\_\_\_\_ No\_\_\_\_\_\_\_ | | | | | | 4. **Surface or GWI Raw Source Water Sample** (Enumeration)   |  |  |  | | --- | --- | --- | | **S** |  |  |   *E. coli*  Fecal Filtered Yes\_\_\_\_\_ No\_\_\_\_\_\_\_ | | | | | | |
| 5.  Sample Collected for **Information Only:** | | | | | | 5.  Sample Collected for **Information Only**: | | | | | | |
| LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY | | | | | | LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY | | | | | | |
| **Unsatisfactory** Total Coliform Present **and**  *E.coli* present  *E.coli* absent | | | | | **Satisfactory** | **Unsatisfactory** Total Coliform Present **and**  *E.coli* present  *E.coli* absent | | | | | | **Satisfactory** |
| **Bacterial Density Results**: Total Coliform\_\_\_\_\_\_\_\_\_\_\_\_/100ml. *E.coli*\_\_\_\_\_\_\_\_\_\_\_/100ml.  Fecal Coliform\_\_\_\_\_\_\_\_\_\_\_\_\_\_/100ml. HPC\_\_\_\_\_\_\_\_\_\_\_\_\_\_/1 ml . | | | | | | **Bacterial Density Results**: Total Coliform\_\_\_\_\_\_\_\_\_\_\_\_/100ml. *E.coli*\_\_\_\_\_\_\_\_\_\_\_/100ml.  Fecal Coliform\_\_\_\_\_\_\_\_\_\_\_\_\_\_/100ml. HPC\_\_\_\_\_\_\_\_\_\_\_\_\_\_/1 ml . | | | | | | |
| **Replacement Sample Required:**  TNTC  Sample too old  Sample Volume  Damaged Container  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | **Replacement Sample Required:**  TNTC  Sample too old  Sample Volume  Damaged Container  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Date/Time Received: | | | Lab Reference Number | | | Date/Time Received: | | | | Lab Reference Number | | |
| Receipt Temp C°: | | | Method Code: | | | Receipt Temp C°: | | | | Method Code: | | |
| Date Reported to DOH | | | Lab Use Only: | | | Date Reported to DOH | | | | Lab Use Only: | | |
| DOH Lab-Sample# | | | DOH Lab-Sample# | | | |

DOH Form #331-319 (effective 06/17) - If you need this publication in an alternative format, call 800.525.0127 (TDD/TTY call 711). DOH Form #331-319 (effective 06/17) - If you need this publication in an alternative format, call 800.525.0127 (TDD/TTY call 711).

This and other publications are available at www.doh.wa.gov/drinkingwater. This and other publications are available at www.doh.wa.gov/drinkingwater.