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| 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 SampleCollected[ ]  AM\_\_\_\_\_ : \_\_\_\_\_ [ ]  PM | County | Date Sample Collected **/ /** Month Day Year | Time SampleCollected[ ]  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**

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| **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)

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| **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# |

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