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| PlaceLogoHere | Place Your Name Here |  **TYPE OF SAMPLE** (select only **one** type of sample from types 1 through 5 below) |
| **COLIFORM BACTERIA ANALYSIS** | 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\_\_\_\_\_ |
|  Send results to: (Print full name, address and zip code)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOH Form #331-320 (effective 6/17)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](http://www.doh.wa.gov/drinkingwater). | Date Sample Collected**/ /**Month Day Year | Time SampleCollected[ ]  AM\_\_\_\_\_ : \_\_\_\_\_ [ ]  PM | County |
| 3. **Ground Water Rule Source Sample**

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[ ]  Triggered (A/P)[ ]  Assessment (A/P)  |
| Type of Water System (check only one box)  [ ]  Group A [ ]  Group B [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Group A and Group B System ID # \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ |
| System Name: |

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 4. **Surface or GWI Raw Source Water Sample** (Enumeration) [ ]  *E. coli* [ ]  Fecal Filtered Yes\_\_\_\_\_ No\_\_\_\_\_ |
| Contact Person: | 5.[ ]  Sample Collected for **Information Only** |
| Day Phone: ( ) | Cell Phone: ( ) | LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY |
| Eve. Phone: ( ) | FAX: ( ) | **[ ]  Unsatisfactory** Total Coliform Present **and** [ ]  *E.coli* present [ ]  *E.coli* absent  | **[ ]  Satisfactory** |
| **SAMPLE INFORMATION** |
| Sample collected by (name): | **Bacterial Density Results**: Total Coliform\_\_\_\_\_\_\_\_\_\_\_\_/100ml. *E.coli*\_\_\_\_\_\_\_\_\_\_\_\_/100ml.Fecal Coliform\_\_\_\_\_\_\_\_\_\_\_\_\_\_/100ml. HPC\_\_\_\_\_\_\_\_\_\_\_\_\_\_/1ml.  |
| Specific location where sample collected: | Special instructions or comments: |
|  **Replacement Sample Required:**  [ ]  TNTC [ ]  Sample too old [ ]  Sample Volume [ ]  Damaged Container [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date/Time Received:  | Lab Reference Number  |
| Receipt Temp C°: | Method Code:  |
| Date Reported to DOH: | Lab Use Only:  |
|  | DOH Lab-Sample # |
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|  |  |  |  |
| PlaceLogoHere | Place Your Name Here |  **TYPE OF SAMPLE** (select only **one** type of sample from types 1 through 5 below) |
| **COLIFORM BACTERIA ANALYSIS** | 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\_\_\_\_\_ |
|  Send results to: (Print full name, address and zip code)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOH Form #331-320 (effective 6/17)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](http://www.doh.wa.gov/drinkingwater). | Date Sample Collected**/ /** Month Day Year | Time SampleCollected[ ]  AM\_\_\_\_\_ : \_\_\_\_\_ [ ]  PM | County |
| 3. **Ground Water Rule Source Sample**

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[ ]  Triggered (A/P)[ ]  Assessment (A/P) |
| Type of Water System (check only one box)  [ ]  Group A [ ]  Group B [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Group A and Group B System ID#ID# \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ |
| System Name: |

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4. **Surface or GWI Raw Source Water Sample** (Enumeration)[ ]  *E. coli* [ ]  Fecal Filtered Yes\_\_\_\_\_ No\_\_\_\_\_\_\_  |
| Contact Person: | 5.[ ]  Sample Collected for **Information Only** |
| Day Phone: ( ) | Cell Phone: ( ) | LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY |
| Eve. Phone: ( ) | FAX: ( ) | **[ ]  Unsatisfactory** Total Coliform Present **and** [ ]  *E.coli* present [ ]  *E.coli* absent  | **[ ]  Satisfactory** |
| **SAMPLE INFORMATION** |
| Sample collected by (name): | **Bacterial Density Results**: Total Coliform\_\_\_\_\_\_\_\_\_\_\_\_/100ml. *E.coli*\_\_\_\_\_\_\_\_\_\_\_\_/100ml.Fecal Coliform\_\_\_\_\_\_\_\_\_\_\_\_\_\_/100ml. HPC\_\_\_\_\_\_\_\_\_\_\_\_\_\_/1ml.  |
| Specific location where sample collected: | Special instructions or comments: |
| **Replacement Sample Required:** [ ]  TNTC [ ]  Sample too old [ ]  Sample Volume [ ]  Damaged Container [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Date/Time Received:  | Lab Reference Number  |
| Receipt Temp C°: | Method Code:  |
| Date Reported to DOH: | Lab Use Only:  |
|  | DOH Lab-Sample # |