

## STATE OF WASHINGTON WATER BACTERIOLOGICAL ANALYSIS

DATE COLLECTED / /	TIME COLLECTED : <input type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME
TYPE OF SYSTEM <input type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. No.                      A <input type="checkbox"/> B <input type="checkbox"/> CIRCLE GROUP	
NAME OF SYSTEM		

SPECIFIC LOCATION WHERE SAMPLE COLLECTED	TELEPHONE NO. DAY ( ) EVENING (SAME)
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SAMPLE COLLECTED BY: (Name)	SYSTEM OWNER/MGR.: (Name)
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SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE  
SURFACE                      WELL or WELL FIELD                      SPRING  
PURCHASED or INTERTIE                      COMBINATION OR OTHER

SEND REPORT TO: (Print Full Name, Address, and Zip Code)

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TYPE OF SAMPLE (Check only one in this column)			
<input type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual: Total Free)	<input type="checkbox"/> Filtered	<input type="checkbox"/> Untreated or Other
<input type="checkbox"/> REPEAT SAMPLE Previous Coliform presence      Lab# Date / /			
<input type="checkbox"/> RAW SOURCE WATER	Source# S	<input type="checkbox"/> Total Coliform	<input type="checkbox"/> Fecal Coliform
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS			
<input type="checkbox"/> OTHER (Specify)			

REMARKS:

(LAB USE ONLY) DRINKING WATER RESULTS			
<input type="checkbox"/> UNSATISFACTORY, Coliforms present		<input type="checkbox"/> SATISFACTORY Coliforms Absent	
REPEAT SAMPLES <input type="checkbox"/> Total Present <input type="checkbox"/> Total Absent			
REQUIRED <input type="checkbox"/> E. Coli Present <input type="checkbox"/> E. Coli Absent			
OTHER LABORATORY RESULTS			
TOTAL COLIFORM	/100ml	E. COLI	/100ml
FECAL COLIFORM	/100ml	PLATE COUNT	/100ml
ANOTHER SAMPLE REQUIRED			
SAMPLE NOT TESTED BECAUSE:		TEST UNSUITABLE BECAUSE:	
<input type="checkbox"/> Sample too old	<input type="checkbox"/> Confluent Growth	<input type="checkbox"/> TNTC	<input type="checkbox"/> Turbid Culture
<input type="checkbox"/> Wrong container	<input type="checkbox"/> Incomplete form	<input type="checkbox"/> Excess Debris	
LAB NO. (8 DIGITS) <b>021</b>	DATE, TIME RECEIVED / / : <input type="checkbox"/> AM <input type="checkbox"/> PM	RECEIVED BY	
DATE REPORTED	TECHNICIAN		



**Accurate Testing Labs LLC**  
 7950 Meadowlark Way, Coeur d'Alene, ID 83814  
 Phone: (208) 762 8378 Fax: (208) 762 9082

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