| Water System Name | | PWS ID No. |
|---|---|---|
| Collector | Date Collected | County |
| Results & Invoice To: | | |
| Name | | |
| Address | | |
| City | State | Zip Code |
| **Phone Number:** | | |
| **Fax Number:** | | |

COLIFORM BACTERIA ANALYSIS REPORT
CONTAMINANT ID# 3100

☐ Public Drinking Water System

Compliance Sample ☐Yes ☐No

☐ Private Drinking Water

*Water system info must be fully filled out or samples will not be run. Private samples need not have PWS# or Chlorine residual.*
*Your sample will be analyzed for TOTAL COLIFORMS unless you specify analysis under Remarks*

Laboratory Name:

**ACCURATE TESTING LABS**

7950 Meadowlark Way
Coeur d'Alene, ID 83814

Phone: (208) 762 8378
Fax: (208) 762 9082

E-mail: info@accuratetesting.com
Web site: http://www.accuratetesting.com

* For PWS only, if this is a repeat sample, mark the date of the ORIGINAL POSITIVE SAMPLE.

# R E S U L T S

| Sample Number | Sample Type Code | Sampling Location | Time Collected | Chlorine Residual PPM | Original* Sample Date | TOTAL COLIFORMS Method Code | TOTAL COLIFORMS (P)resent (A)bsent #/100ml | | ESCHERICHIA COLI. Method Code | ESCHERICHIA COLI. (P)resent (A)bsent #/100ml | |
|---|---|---|---|---|---|---|---|---|---|---|---|
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Sample Type Codes
RS - Routine Sample
W - Untreated *(source)*
RP - Repeat Sample *(at original tap)*
D - Downstream Repeat
X - Other Repeat
U - Upstream Repeat
E - Enforcement *(Chain of custody required)*
V - Invalidated By lab.
C -Construction/Special/Non-Compliance

REMARKS ATL Bottle___ Other Bottle_____

Sample Relinquished by (Name): Date/Time UPS FedEx US Mail Hand Cooled

by (Name): Date/Time UPS FedEx US Mail Hand Cooled

Sample Received by (Name): Date/Time

ANALYST DATE ANALYZED

SUPERVISOR DATE REVIEWED