

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 1 16 19 Month Day Year	Time Sample Collected 8:30 AM PM	County Challam
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Type of Water System (check only one box)
 Group A Group B Private Well

Group A and Group B Systems - Provide from Water Facilities Inventory (WFI):
 ID# 04693W
 System Name or Well Address if Private: Horizon Hills Water

Contact Person:
 Day Phone: (360) 683-6328 Cell Phone: ()

Email Address: integritypumps@outlook.com

Client Information: (Print full name, mailing address and zip code)
 Integrity Pumps
 PO Box 1214
 Carlsborg, WA 98324

SAMPLE INFORMATION

Sample collected by (name): Tyler

Specific location sample collected (well, bath): Bib	Special Instructions or comments: Email Results
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PUBLIC SYSTEMS FILL OUT SHADED AREA (must check only one box of #1 - 5)

1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes ___ No <input checked="" type="checkbox"/> 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 [] [] [] <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assesment (A/P)	
4. <input type="checkbox"/> Surface or GWI Raw Source Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes ___ No ___	S [] [] []
5. <input type="checkbox"/> Sample Collected for information Only	

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory

Replacement Sample Required:

Sample too old (>30 hours) TNTC Sample Volume
 Improper Container Turbid Culture _____

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
 Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code Sm9223B	Date and Time Received: 1/16/19 300
Date Reported: 1/17/19	Temp: _____ Rec'd by: _____
Sample Number (DOH number plus five digits) 010 - 39501	Paid: 184395-01