

Water System Name		PWS ID No.
Collector	Date Collected	County
Person Transporting Sample to Lab		
Condition of Transport <input type="checkbox"/> Cooled <input type="checkbox"/> Carrier <input type="checkbox"/> Mail <input type="checkbox"/> Other		
<b>Report Results To:</b>		
Name		
Address		
City	State	Zip
Day Phone Number	<input type="checkbox"/> Message Phone or <input type="checkbox"/> Fax	
<input type="checkbox"/> <b>Notification (lab use only)</b>		
Contact	Date/Time/Initials	
Comments		

## Idaho Coliform Bacteria Analysis Report

### Contaminant ID# 3100

Compliance (Report to State?) Yes / No  
 Public Drinking Water System (PWS ID# required)  
 Private Drinking Water (no PWS# or chlorine residual required)

*Shaded areas must be completely filled out or samples will not be run. Clear areas are for lab use only.*

Samples will be analyzed for **TOTAL COLIFORMS** unless otherwise specified under Remarks.

**\*\*For Public Well Systems only, if this is a repeat sample, mark the date of the ORIGINAL POSITIVE SAMPLE.**



**Anatek Labs, Inc.**

1282 Alturas Drive  
 Moscow, ID 83843  
 (208) 883-2839  
 FAX 882-9246  
 moscow@anateklabs.com  
 EPA# ID00013

504 E. Sprague Ste. D  
 Spokane, WA 99202  
 (509) 838-3999  
 FAX 838-4433  
 spokane@anateklabs.com  
 EPA# WA00169

[www.anateklabs.com](http://www.anateklabs.com)

# RESULTS

Sample Number (LAB USE ONLY)	Sample Type Code*	Sampling Location	Time Collected	Chlorine Residual PPM	Original Sample Date**	TOTAL COLIFORMS		FECAL COLIFORMS		ESCHERICHIA COLI.		HPC	
						Method Code	(P) resnet (A) bsent #/100 ml	Method Code	(P) resnet (A) bsent #/100 ml	Method Code	(P) resnet (A) bsent #/100 ml	Method Code	CFU/ml
						SM9223 B-PA				SM9223 B-PA			
						SM9223 B-PA				SM9223 B-PA			
						SM9223 B-PA				SM9223 B-PA			
						SM9223 B-PA				SM9223 B-PA			
						SM9223 B-PA				SM9223 B-PA			
						SM9223 B-PA				SM9223 B-PA			
						SM9223 B-PA				SM9223 B-PA			
						SM9223 B-PA				SM9223 B-PA			

<p><b>*Sample Type Codes</b></p> <p>S - Routine Sample    P - Repeat Sample    U - Upstream Repeat    E - Enforcement    W - Untreated (source)        X - Other Repeat    (At original tap)    D - Downstream Repeat    (Chain of Custody Required)    C - Construction/Special</p>	<p><b>PAYMENT INFORMATION:</b>    Amount \$ _____    Rec'd By _____</p> <p><input type="checkbox"/> Cash    <input type="checkbox"/> Check # _____    <input type="checkbox"/> PO # _____  <input type="checkbox"/> Bill    <input type="checkbox"/> Other _____</p>
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### Chain-of-Custody Information - Page \_\_\_\_\_ of \_\_\_\_\_

Form COC05.01 – Eff 1 May 2017

Relinquished by:	Date:	Time:	Received by:	Relinquished by:	Date:	Time:	Received by:
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DATE/TIME RECEIVED: \_\_\_\_\_ DATE/TIME ANALYZED: \_\_\_\_\_ ANALYST: \_\_\_\_\_ DATE REVIEWED: \_\_\_\_\_

REMARKS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_