WATER BACTERIOLOGICAL ANALYSIS

www.anateklabs.com

DATE COLLECTED MONTH DAY YEAR / /	TIME COLLECTED ____:____ ☐ AM ☐ PM	COUNTY NAME

TYPE OF SYSTEM
☐ PUBLIC
☐ INDIVIDUAL (serves only 1 residence)

IF PUBLIC SYSTEM, COMPLETE:
I.D. No. | | | | | | |
CIRCLE GROUP A B

NAME OF SYSTEM

SPECIFIC LOCATION WHERE SAMPLE COLLECTED	TELEPHONE NO. DAY ( ) EVENING ( )
SAMPLE COLLECTED BY: (Name)	SYSTEM OWNER/MGR: (Name)

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)

____

____

TYPE OF SAMPLE (check on one in this column)

☐ ROUTINE DRINKING WATER check treatment
☐ Chlorinated (Residual: ___Total ___Free)
☐ Filtered
☐ Untreated or Other ______________

☐ REPEAT SAMPLE previous Coliform presence
Lab# ____________
Date ____/____/____

☐ RAW SOURCE WATER
Source # S ☐☐
☐ Total Coliform
☐ Fecal Coliform

☐ NEW CONSTRUCTION or REPAIRS

☐ OTHER (Specify) ______________________________

Remarks:

____

(LAB USE ONLY) DRINKING WATER RESULTS

☐ UNSATISFACTORY, Coliforms present

REPEAT SAMPLES REQUIRED
☐ Total Present ☐ Total Absent
☐ E. Coli Present ☐ E. Coli Absent

☐ SATISFACTORY, Coliform absent

OTHER LABORATORY RESULTS

☐ TOTAL COLIFORM _____/100ml ☐ E. COLI ___________/100ml
☐ FECAL COLIFORM _____/100ml ☐ PLATE COUNT _____/100ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE:
- ☐ Sample too old
- ☐ Wrong container
- ☐ Incomplete form
- ☐ ______________

TEST UNSUITABLE BECAUSE:
- ☐ Confluent Growth
- ☐ TNTC
- ☐ Turbid Culture
- ☐ Excess Debris

LAB NO. (8 DIGITS)	DATE, TIME RECEIVED / / ___:___ ☐ AM ☐ PM	RECEIVED BY

DATE REPORTED

LABORATORY:
Anatek Labs, Inc. (509) 838-3999
504 E. Sprague Ave Ste D
Spokane, WA 99202

White - DP Center Copy
Canary - Laboratory Copy
Pink - Water Supplier Copy
Gold - DOH Reg. Office Copy