Anatek Labs, Inc.



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COLIFORM BACTERIA ANALYSIS

001		D/ (0		1121010	
Date Sample Collected Time Sal Collect				County	
1 1	Concord				
1 1		AM			
Month Day Year	·_	D			
Type of Water System (check only one box)					
Group A Group B Other					
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):					
ID#					
System Name:					
Contact Person:					
Day Phone:		Cell Phone:			
Email:					
Send results to: (Print full name, address and zip code)					
SAMPLE INFORMATION					
Sample collected by (name):					
Specific location where sample collected:		Special instructions or comments:			
-					
Type of Sample (must check only one box of #			-		
1. Routine Distribution Sample		2. Repeat Sample (after unsat. routine)			
Chlorinated: Yes No		☐ Distribution System			
Chlorine Residual: Total Free		Source Groundwater Rule (GWR) (Population of 1,000 or less)			
3. Raw Water Source Sample		Unsatisfactory routine lab number:			
☐ E. coli – GWR source sample		Orisalistaciony routine lab number.			
☐ Fecal –Surface, GWI, some springs					
Other		Unsatisfactory routine collect date:			
s					
Public systems must provide source number from WFI		Chlorinated: Yes No			
Chlorine Residual: Total Free					
4. Sample Collected for Information Only					
Investigative Construction / Repairs Other					
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY					
☐ Unsatisfactory Total Coliform Present and ☐ Satisfactory				☐ Satisfactory	
☐ <i>E.coli</i> present ☐ <i>E.coli</i> absent					
☐ Fecal coliform present ☐ Fecal coliform absent					
Replacement Sample Required:					
Sample too old (>30 hours) TNTC					
☐ Improper Container ☐ Turbid culture					
Bacterial Density Results: Plate Count/ml. E.coli/100ml.					
Total Coliform/100ml. Fecal Coliform/100ml.					
Date and Time Received:					
Date Analyzed:			Date Reported:		
Sample Number (DOH number plus five digits) (SPO-112, MOS			Lab Use Only:		
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