



Anatek Labs, Inc.

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected: / /
Time Sample Collected: :
County:
AM
PM

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 through #4 listed below)

1. Routine Distribution Sample
2. Repeat Sample (after unsat. routine)
3. Raw Water Source Sample
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
E.coli present/absent
Fecal coliform present/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-125)
Lab Use Only: