AmTest Laboratories
13600 NE 126th Pl STE C, Kirkland, WA 98034
425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected / / Month Day Year	Time Sample Collected ☐ AM ☐ PM _____:_____	County

Type of Water System (check only one box)
☐ Group A Public ☐ Group B Public ☐ Other_____

Group A and Group B Systems - Provide from Water Facilities Inventory (WFI):
ID# _____ _____ _____ _____ _____ _____
System Name:

Contact Person:

Day Phone:	Cell Phone:
Email:	Eve. Phone:

Send results to: (Print full name, address and zip code or email)

SAMPLE INFORMATION

Sample collected by (name):

Specific location where sample collected:	Project Name or comments:

Type of Sample (check only **one** box)

1. ☐ **Routine Distribution Sample**
Chlorinated: Yes_____ No_____
Chlorine Residual: Total____Free____

2. Repeat Sample (after unsat. routine)
☐ Distribution System
Unsatisfactory routine lab number:
___ ___ ___ - ___ ___ ___ ___ ___
Unsatisfactory routine collect date:
_____/_____/_____
Chlorinated: Yes_____ No_____
Chlorine Residual: Total_____ Free____

3. Source Ground Water Rule Sample
| S | | |
☐ Triggered
☐ Assessment

4. Enumeration Source Water Sample
☐ *E. coli* ☐ Fecal- Surface, GWI, Springs: Filtered Yes___ No___ | S | | |

5. ☐ Sample Collected for Information Only:

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory** Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent
☐ **Satisfactory**

Replacement Sample Required
☐ Sample too old (>30 hours) ☐ TNTC ☐ _____

Bacterial Density Results: Total Coliform_____/100ml. *E.coli*_____/100 ml.
Fecal Coliform_____/100 ml. HPC_____/1 ml.

Lab ID Number	Date and Time Received:
Method Code:	Date and Time Incubated:
Date Analyzed:	Date Reported
DOH Lab-Sample# ____ ____ ____ - ____ ____ ____ ____ ____	Lab Use Only:

DOH Form #331-319 (effective 04/16) – If you need this publication in an alternative format, call 800.525.0127 (TDD/TTY call 711).
This and other publications are available at www.doh.wa.gov/drinkingwater

AmTest Laboratories
13600 NE 126th Pl STE C, Kirkland, WA 98034
425-885-1664 www.amtestlab.com

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected / / Month Day Year	Time Sample Collected ☐ AM ☐ PM _____:_____	County:

Type of Water System (check only one box)
☐ Group A Public ☐ Group B Public ☐ Other_____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):
ID# _____ _____ _____ _____ _____ _____
System Name:

Contact Person:

Day Phone:	Cell Phone:
Email:	Eve. Phone:

Send results to: (Print full name, address and zip code or email)

SAMPLE INFORMATION

Sample collected by (name):

Specific location where sample collected:	Project Name or comments:

Type of Sample (check only **one** box)

1. ☐ **Routine Distribution Sample**
Chlorinated: Yes_____ No_____
Chlorine Residual: Total_____Free____

2. Repeat Sample (after unsat. routine)
☐ Distribution System
Unsatisfactory routine lab number:
___ ___ ___ - ___ ___ ___ ___ ___
Unsatisfactory routine collect date:
_____/_____/_____
Chlorinated: Yes_____ No_____
Chlorine Residual: Total_____ Free_____

3. Source Ground Water Rule Sample
| S | | |
☐ Triggered
☐ Assessment

4. Enumeration Source Water Sample
☐ *E.coli* ☐ Fecal-Surface, GWI, Springs: Filtered Yes___ No___ | S | | |

5. ☐ Sample Collected for Information Only:

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory** Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent
☐ **Satisfactory**

Replacement Sample Required
☐ Sample too old (>30 hours) ☐ TNTC ☐ _____

Bacterial Density Results: Total Coliform _____/100ml. *E.coli* _____/100ml.
Fecal Coliform_____/100ml. HPC_____/1 ml.

Lab ID Number	Date and Time Received:
Method Code:	Date and Time Incubated:
Date Analyzed:	Date Reported:
DOH Lab Sample# ____ ____ ____ - ____ ____ ____ ____	Lab Use Only:

DOH Form #331-319 (effective 04/16) – If you need this publication in an alternative format, call 800.525.0127 (TDD/TTY call 711).
This and other publications are available at www.doh.wa.gov/drinkingwater