AMTEST LABORATORIES

AmTest Laboratories

# COLIFORM BACTERIA ANALYSIS

| Date Sample Collected<br>Month Day Year | Time Sample Collected<br>☐ AM<br>☐ PM | County: |
|---|---|---|

Type of Water System (check only one box)
☐ Group A Public ☐ Private Household
☐ Group B Public ☐ Other: _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

**ID#**

System Name:

Contact Person: ☐Email Results to juan@totalwells.com

| Day Phone: | Cell Phone: |
|---|---|
| Eve. Phone: | FAX: |

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

## SAMPLE INFORMATION

Sample collected by (name):

Specific location where sample collected (address or sample site, and type of faucet):

Special instructions or comments:

**Type of Sample** (must check only one box of #1 through #4 listed below)

**1. ☐ Routine Distribution Sample**
Provide information below.
Chlorinated: ☐ Yes ☐ No
Chlorine Residual: Total____ Free____

**2. ☐ Repeat Sample** (follow-up to an unsatisfactory sample)
Provide information below.
Unsatisfactory routine lab number:
_____
Unsatisfactory routine collect date:
____/____/____
Chlorinated: Yes_____ No_____
Chlorine Residual: Total_____
Free_____

**3. ☐ Raw Water Source Sample**
Required for Surface Water, GWI, and some Spring Sources
Public Systems must provide Source Number from (WFI)

**4. ☒ Sample Collected for Information Only**
☐ Construction ☐ Repairs ☐ Private Residence ☒ Other Investigative

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

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

**☐ Satisfactory**

**☐ Replacement Sample Required**
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count _____ / ml. E.coli _____ /100 ml.
Total Coliform _____ /100 ml. Fecal Coliform _____ /100 ml.

| Method Code: | Date and Time Received: 3/22/2006, 16:00 |
|---|---|
| Date Analyzed: | Date Reported: 10/ 6/06 |
| Sample Number (DOH number plus five digits) | Lab Use Only: |

DOH Form #331-319 (revised 8/05)