



GN021 / F04

Vanguard Laboratory
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COLIFORM BACTERIA ANALYSIS FORM

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: Eve. Phone: ()

Send results to: (Print full name, address and zip code or e-mail)

SAMPLE INFORMATION

Sample collected by (name):

Specific location where sample collected: Special instructions or comments:

Type of Sample (select only one type of sample from types 1 through 5 below)

1. Routine Distribution Sample (A/P)
Chlorinated: Yes No
Chlorine Residual: Total Free
2. Repeat Sample (A/P)
Unsatisfactory routine lab number:
Unsatisfactory routine collect date:
Chlorinated: Yes No
Chlorine Residual: Total Free
3. Ground Water Rule Source Sample
S
Triggered (A/P)
Assessment (A/P)

4. Surface or GWI Raw Source Water Sample (Enumeration)
E. coli Fecal 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

Bacterial Density Results: Total Coliform /100ml. E. coli /100ml.
Fecal Coliform /100ml. HPC /1 ml.

Replacement Sample Required:
TNTC Sample too old
Sample Volume Damaged Container

Date/Time Received: Lab Reference Number

Receipt Temp C°: Method Code:

Date Reported to DOH Lab Use Only:

DOH Lab-Sample#
285-