



**Sound Microbiology Laboratory, LLC**  
**8463 NE Koura Road**  
**Bainbridge Island, WA 98110**

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected / / Month Day Year	Time Sample Collected : : □ AM □ PM	County
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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: ( )  
 Eve. Phone: ( )    FAX: ( )

Send results to: (Print full name, address and zip code). Include email address on back if you'd like results via email.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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)**

<b>1. <input type="checkbox"/> Routine Distribution Sample</b> Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	<b>2. Repeat Sample (after unsat. routine)</b> <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
<b>3. Raw Water Source Sample</b> <input type="checkbox"/> <i>E. coli</i> – GWR source sample <input type="checkbox"/> Fecal –Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div>	

Public systems must provide source number from WFI

**4.  Sample Collected for Information Only**  
 Investigative \_\_\_\_\_ Construction / Repairs \_\_\_\_\_ Other \_\_\_\_\_

**LAB USE ONLY DRINKING WATER RESULTS (#FM034/05172013)**

<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> <i>E.coli</i> present <input type="checkbox"/> <i>E.coli</i> absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	<input type="checkbox"/> Satisfactory
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**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.

Method Code: MICR- _____	Date and Time Received:
Date Analyzed:	Date Reported:
Sample Number (DOH number plus five digits) 221 . _____	Lab Use Only:

**SAMPLING INSTRUCTIONS**

**Sample Collection**

- Collect samples in sterile polypropylene or other approved sample containers with leakproof lids. At least 100 milliliters of water needs to be collected. If you don't have the proper container contact SML at 206-842-2143.

We recommend that you use the following steps when collecting your sample:

- Follow your Coliform Monitoring Plan to collect routine and repeat samples from sites throughout the distribution system.
- Sample taps should represent the water in your distribution system. Avoid poor sample sites such as swivel faucets, hot and cold mixing faucets (with a single lever), leaky or spraying faucets, drinking fountains, janitorial sinks, frost-free hose bibs, and faucets below or near ground level.
- Remove any attachments from the faucet, including aerators, screens, washers, hoses, and water filters. If you choose to disinfect the sample site prior to sample collection, be sure to flush thoroughly to remove all disinfectant.
- Turn on the cold water only and let it run with a steady stream for at least five minutes. Before collecting the sample, turn the water down to a thin stream (about the width of a pencil), then let the water run one minute. If the system is chlorinated, measure the free chlorine residual and note the measurement on the Lab Slip.
- There may be a tablet, some liquid or powder in the sample bottle to neutralize chlorine. Do not rinse it out.
- To avoid contamination while taking the sample, hold the bottle near the bottom with one hand, hold the top of the cap with the other, and then unscrew the cap.
- Do not set the cap down, touch any part of the cap that touches the bottle, or let anything touch the rim of the bottle or the inside of the cap.
- Hold the bottle under the stream of water. Be careful not to let the bottle touch the sample tap. Fill the bottle to the neck or indicated fill line, but do not allow it to overflow. Remove the bottle from the water flow and replace the cap.
- Complete the Lab Slip on the other side of this form. If there was anything unusual about the sample collection, note it on the Lab Slip.
- Secure the Lab Slip to the bottle with the rubber band. Deliver the sample directly to SML or to a designated drop-off location. Lab analysis must begin within 30 hours of sample collection.
- If you have questions about coliform sampling collection procedures, call us at 206-842-2143.

**How would you like to receive your report? Check one.**

- Please mail me a Hard Copy
- E-mail to: \_\_\_\_\_

**How would you like to pay for your report? Check one.**

- I have included a check with my sample OR
- Pay by credit card. Please send me an invoice at the above email address, where I can pay securely online by credit card.

We will send your report when your payment has been received.

**Each sample costs \$21.00**