



Sound Microbiology Laboratory, LLC
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Bainbridge Island, WA 98110

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected / / Month Day Year	Time Sample Collected <input type="checkbox"/> AM : : <input type="checkbox"/> 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: ()

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

<p>1. <input type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____</p>	<p>2. <input type="checkbox"/> Repeat Sample (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____</p>			
<p>3. Ground Water Rule Source Sample <table border="1"><tr><td>S</td><td></td><td></td></tr></table> <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)</p>	S			
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4. **Surface or GWI Raw Source Water Sample (Enumeration)**

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 E. coli Fecal Filtered Yes _____ No _____

5. Sample Collected for **Information Only**:

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<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"/> Satisfactory
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Bacterial Density Results: Total Coliform _____/100ml. *E. coli* _____/100ml.
Fecal Coliform _____/100ml. HPC _____/1 ml.

Replacement Sample Required: TNTC Sample too old (>30 hours)
 Sample Volume Damaged Container _____

Lab ID Number Date and Time Received:

Method Code: SM 9222B & G Date and Time Incubated:

Date Analyzed: Date Reported:

DOH Lab-Sample# Lab Use Only:

221- _____

SAMPLE 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.

- E-mail: _____
- Mailed Hard Copy – Additional \$3.00 towards the cost of analysis.

Payment-Each sample costs \$25.00

Include a check with the sample OR

Pay by credit card. Additional \$3.00 towards the cost of analysis.

Include your email address above and we will email you an invoice that you can pay securely online. Results will not be reported until payment is received and confirmed.