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COLIFORM BACTERIA ANALYSIS

DATE COLLECTED MONTH / DAY / YEAR	TIME COLLECTED : AM / PM	COUNTY NAME
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TYPE OF SYSTEM (check only one box)	IF PUBLIC SYSTEM, COMPLETE:		
<input type="checkbox"/> GROUP A PUBLIC	I.D. No. 		
<input type="checkbox"/> GROUP B PUBLIC			
<input type="checkbox"/> PRIVATE WELL			

NAME OF SYSTEM

SPECIFIC LOCATION WHERE SAMPLE COLLECTED (ADDRESS OR FAUCET TYPE)	TELEPHONE NO. DAY ()
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EVENING ()

COLLECTED BY: (Name) SYSTEM OWNER/MGR: (Name)

SEND REPORT TO: BILL TO:

Type of Sample (select only one type of sample from types 1 through 5 below)	
1. <input type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: _____ - _____
3. Ground Water Rule Source Sample S 	Unsatisfactory routine collect date: _____/_____/_____
<input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	Chlorinated: Yes _____ No _____ Chlorine Residual Total _____ Free _____
4. Surface or GWI Raw Source Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal	S
5. <input type="checkbox"/> Sample Collected for Information Only	

(LAB USE ONLY) DRINKING WATER RESULTS		
<input type="checkbox"/> UNSATISFACTORY, Total Coliforms present <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent		<input type="checkbox"/> SATISFACTORY
FECAL COLIFORM _____ CFU / 100 ml		9222D
E. COLI _____ MPN / 100 ml		9223B
HPC _____ MPN / ml		Simplate
REPLACEMENT SAMPLE REQUIRED <input type="checkbox"/> Sample too old (30 hours) <input type="checkbox"/> TNTC		Receipt Temp C°:

DATE RECEIVED	TIME RECEIVED	DATE ANALYZED
LAB NO.	BATCH #	DATE REPORTED

DOH #	METHOD
	9 2 2 3 B

Coliform Sampling Instructions

Useful sampling sequence for a successful coliform result,

- Take samples from a frequently used cold water faucet. Do not sample from any type of hose faucet.
- Remove any screens and flush water through faucet for 5 minutes. Stagnant systems will need to be purged much longer to change the water standing in all of the pipes from source to tap.
- To sanitize faucet or tap, spray with 10% bleach solution, torch or immerse in alcohol for 2 minutes.
- Turn water back on at a reduced flow to minimize splashing.
- Wash and sanitize hands before sampling.
- Remove sample bottle seal and discard.
- When opening bottle, do not touch the rim of the bottle or inside the lid, do not set lid down while sampling.
- Fill bottle above the 100 ml mark.
- Under filled samples will not be accepted due to method requirements.
- Label the bottle with sample ID/location, date and time for sampling.
- Keep sample cold until delivered to the lab. We measure temperature.
- Laboratory must receive the sample within 24 hours of sampling.
- Fill out this order form completely.
- More information is available from our lab staff at 1-800-545-4206 or on our website www.cascadeanalytical.com
- Google to get more information on the EPA Revised Total Coliform Rule a “Quick Reference Guide”.