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COLIFORM BACTERIA ANALYSIS

DATE COLLECTED MONTH / DAY / YEAR			TIME COLLECTED : <input type="checkbox"/> AM <input type="checkbox"/> PM		COUNTY NAME						
TYPE OF SYSTEM (check only one box) <input type="checkbox"/> GROUP A PUBLIC <input type="checkbox"/> GROUP B PUBLIC <input type="checkbox"/> PRIVATE WELL			I.D. No.		IF PUBLIC SYSTEM, COMPLETE: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

NAME OF SYSTEM

SPECIFIC LOCATION WHERE SAMPLE COLLECTED (ADDRESS OR FAUCET TYPE)	TELEPHONE NO. DAY ()
	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: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual Total _____ Free _____			
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)	S			
S				
4. Surface or GWI Raw Source Water Sample (Enumeration) <input type="checkbox"/> <i>E. coli</i> <input type="checkbox"/> <i>Fecal</i>	<table border="1"><tr><td>S</td><td></td><td></td></tr></table>	S		
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"/> <i>E. Coli</i> present <input type="checkbox"/> <i>E. Coli</i> absent	<input type="checkbox"/> SATISFACTORY
FECAL COLIFORM _____ CFU / 100 ml	9222D
<i>E. COLI</i> _____ 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
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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”.