AMTEST LABORATORIES

AmTest Laboratories

COLIFORM BACTERIA ANALYSIS

Date Sample Collected Month Day Year	Time Sample Collected ☐ AM ☐ PM	County:

Type of Water System (check only one box)
☐ Group A Public ☐ Private Household
☐ Group B Public ☐ 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)

SAMPLE INFORMATION

Sample collected by (name):

Specific location where sample collected (address or sample site, and type of faucet):

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☐ Routine Distribution Sample
Provide information below.
Chlorinated: ☐ Yes ☐ No
Chlorine Residual: Total____ Free____

2. ☐ Repeat Sample (follow-up to an unsatisfactory sample)
Provide information below.
Unsatisfactory routine lab number:

___ ___ ___ ___ ___ ___ ___ ___

Unsatisfactory routine collect date:

_____/_____/_____
Chlorinated: Yes_____ No_____
Chlorine Residual: Total_____.
Free_____

3. ☐ Raw Water Source Sample
Required for Surface Water, GWI, and some Spring Sources

Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
☐ Construction ☐ Repairs ☐ Private Residence ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E. coli present ☐ E. coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☐ Satisfactory

☐ Replacement Sample Required
Sample not tested because
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid Culture
☐ _____

Bacterial Density Results: Plate Count _____ **/ ml.** E.coli _____ **/100 ml.**
Total Coliform _____ **/100 ml.** Fecal Coliform _____ **/100 ml.**

Method Code:	Date and Time Received: 3/22/2006, 16:00
Date Analyzed:	Date Reported: 10/ 6/06
Sample Number (DOH number plus five digits)	Lab Use Only:

DOH Form #331-319 (revised 8/05)