

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
WATER BACTERIOLOGICAL ANALYSIS**
SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH DAY YEAR / /	TIME COLLECTED : <input type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME
TYPE OF SYSTEM <input type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (Serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: CIRCLE GROUP I.D. No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A B	
NAME OF SYSTEM		
SPECIFIC LOCATION WHERE SAMPLE COLLECTED	TELEPHONE NO. DAY () EVENING ()	
SAMPLE COLLECTED BY: (Name)	SYSTEM OWNER/MGR.: (Name)	
SOURCE TYPE <input type="checkbox"/> GROUND WATER UNDER SURFACE INFLUENCE <input type="checkbox"/> SURFACE <input type="checkbox"/> WELL or <input type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED or <input type="checkbox"/> COMBINATION WELL FIELD INTERTIE or OTHER		

SEND REPORT TO: (Print Full Name, Address, and Zip Code)

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Washington

TYPE OF SAMPLE (check only one in this column)	
<input type="checkbox"/> ROUTINE DRINKING WATER check treatment ----->	<input type="checkbox"/> Chlorinated (Residual: ____ Total ____ Free) <input type="checkbox"/> Filtered <input type="checkbox"/> Untreated or Other _____
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	Lab # _____ Date ____ / ____ / ____
<input type="checkbox"/> RAW SOURCE WATER	Source # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Total Coliform <input type="checkbox"/> Fecal Coliform
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS <input type="checkbox"/> OTHER (Specify) _____	

REMARKS:

Washington

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REMARKS:

(LAB USE ONLY)

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE: TEST UNSUITABLE BECAUSE:

- | | |
|--|---|
| <input type="checkbox"/> Sample too old | <input type="checkbox"/> Confluent growth |
| <input type="checkbox"/> Wrong container | <input type="checkbox"/> TNTC |
| <input type="checkbox"/> Incomplete form | <input type="checkbox"/> Turbid culture |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Excess debris |

LAB NO. (8 DIGITS)	DATE, TIME RECEIVED	RECEIVED BY
--------------------	---------------------	-------------

LABORATORY: PYXIS LABORATORIES, LLC
12423 N.E. WHITAKER WAY
PORTLAND, OR 97230 • (503) 254-1794

(LAB USE ONLY)

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IMPORTANT: READ CAREFULLY

THIS SAMPLE WILL NOT BE EXAMINED IF ANY OF THE FOLLOWING APPLY:

1. The sample is **over 30 hours** old upon receipt in the laboratory.
2. The sample is received after testing hours. (Contact the laboratory for the hours and days that samples are processed).
3. The sample bottle is not properly filled. Fill only to the break of the shoulder. Airspace is essential. If over-filled, pour out excess before replacing cap.
4. The fee for laboratory service has not been provided or other arrangements have not been made.
5. The sample information form is not properly filled out.
6. A container other than provided by the laboratory is used.

COLLECTING AND SUBMITTING THE SAMPLE

GENERAL

1. Print on **HARD SURFACE**, clearly and heavily. Treated paper will make copies without carbon.
2. Return **ALL** copies of this form with your sample.
3. This bottle has been sterilized-handle with the greatest care to avoid contamination.
4. **Do not rinse this bottle.** Deposits which may be noticed on the inside of the bottle are traces of chemicals which have been added to help stabilize the bacterial population in your sample.

COLLECTION PROCEDURE:

1. Tap samples: Remove screens, aerators, or any other devices and allow water to run five minutes before taking sample. Do not wash faucet before sampling. Hold cap in hand while filling. Do not touch inside surface of cap. Do not sample hot water.
2. Well samples: Pump out about 5 to 10 pails before taking sample. Thorough pumping to remove all traces of chlorine is necessary if well was chlorinated before sampling.
3. Lake, reservoir, swimming pool, and river samples: Select a point at which an average sample can be obtained. Hold cap in free hand while filling. Move bottle with continuous forward sweeping motion.

SUBMITTING THE SAMPLE

1. Fill out this form completely. Place filled bottle and form in mailing carton and return to the laboratory designated at the bottom of the form.
2. Collect samples at a time such that they can be shipped or mailed immediately.
3. **Sample must reach the lab for analysis within 30 hours of collection.**

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