

Water System Name		PWS ID No.
Collector	Date Collected	County
Person Transporting Sample to Lab		
Condition of Transport <input type="checkbox"/> Cooled <input type="checkbox"/> Carrier <input type="checkbox"/> Mail <input type="checkbox"/> Other		
Report Results To:		
Name		
Address		
City	State	Zip
Day Phone Number	<input type="checkbox"/> Message Phone or <input type="checkbox"/> Fax	
<input type="checkbox"/> Notification (lab use only)		
Contact	Date/Time/Initials	
Comments		

Idaho Coliform Bacteria Analysis Report

Contaminant ID# 3100

Compliance (Report to State?) Yes / No
 Public Drinking Water System (PWS ID# required)
 Private Drinking Water (no PWS# or chlorine residual required)

Shaded areas must be completely filled out or samples will not be run. Clear areas are for lab use only.

Samples will be analyzed for **TOTAL COLIFORMS** unless otherwise specified under Remarks.

****For Public Well Systems only, if this is a repeat sample, mark the date of the ORIGINAL POSITIVE SAMPLE.**



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RESULTS

Sample Number (LAB USE ONLY)	Sample Type Code*	Sampling Location	Time Collected	Chlorine Residual PPM	Original Sample Date**	TOTAL COLIFORMS		FECAL COLIFORMS		ESCHERICHIA COLI.		HPC	
						Method Code	(P) resnet (A) bsent #/100 ml	Method Code	(P) resnet (A) bsent #/100 ml	Method Code	(P) resnet (A) bsent #/100 ml	Method Code	CFU/ml
						SM9223 B-PA				SM9223 B-PA			
						SM9223 B-PA				SM9223 B-PA			
						SM9223 B-PA				SM9223 B-PA			
						SM9223 B-PA				SM9223 B-PA			
						SM9223 B-PA				SM9223 B-PA			
						SM9223 B-PA				SM9223 B-PA			
						SM9223 B-PA				SM9223 B-PA			
						SM9223 B-PA				SM9223 B-PA			

<p>*Sample Type Codes</p> <p>S - Routine Sample P - Repeat Sample U - Upstream Repeat E - Enforcement W - Untreated (source) X - Other Repeat (At original tap) D - Downstream Repeat (Chain of Custody Required) C - Construction/Special</p>	<p>PAYMENT INFORMATION: Amount \$ _____ Rec'd By _____</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> PO # _____ <input type="checkbox"/> Bill <input type="checkbox"/> Other _____</p>
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Chain-of-Custody Information - Page _____ of _____

Form COC05.01 – Eff 1 May 2017

Relinquished by:	Date:	Time:	Received by:	Relinquished by:	Date:	Time:	Received by:
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DATE/TIME RECEIVED: _____ DATE/TIME ANALYZED: _____ ANALYST: _____ DATE REVIEWED: _____

REMARKS: _____ SUPERVISOR: _____