

INSTRUCTIONS REVERSE SIDE

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 Code
Phone Number	Email	

IAS — ENVIROCHEM

3314 Pole Line Road • Pocatello, Idaho 83201

Phone: (208) 237-3300 • Fax: (208) 237-3336

**COLIFORM BACTERIA ANALYSIS REPORT
CONTAMINANT ID# 3100**

<input type="checkbox"/> Public Drinking Water System
<input type="checkbox"/> Private Drinking Water

Shaded areas must be fully filled out or samples will not be run. Private samples need not have pws# or Chlorine residual. Clear areas are for lab use only.

Your sample will be analyzed for TOTAL COLIFORMS unless you specify another analysis under Remarks.

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

LAB ID # ID00952

REPORT RESULTS TO:

- Dist. 6 Health Dept.
- Dist. 7 Health Dept.
- Denver EPA
- Seattle EPA
- Idaho Falls DEQ
- Pocatello DEQ

PAYMENT:

- No Charge
- Prepaid
- Bill
- Pmt. Rec'd

R E S U L T S

Sample Number	Sample Type Code	Sampling Location	Time Collected	Chlorine Residual PPM	Original Sample Date	TOTAL COLIFORMS		FECAL COLIFORMS		ESCHERICHIA COLI		HPC	
						Method Code	(P)resent (A)bsent #100ml	Method Code	(P)resent (A)bsent #100ml	Method Code	(P)resent (A)bsent #100ml	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			

Sample Type Codes

S - Routine Sample	U - Upstream Repeat	E - Enforcement (Chain of Custody Required)	W - Untreated (Source)
P - Repeat Sample (At Original Tap)	D - Downstream Repeat	X - Other Repeat	C - Construction/Special

Chain-of-Custody Information

Relinquished by	Date	Time	Received by	Relinquished by	Date	Time	Received by
Relinquished by	Date	Time	Received by	Relinquished by	Date	Time	Received by

DATE/TIME RECEIVED _____

REMARKS _____

DATE/TIME ANALYZED _____

ANALYST _____

DATE REVIEWED _____

SUPERVISOR _____