



AmTest Laboratories
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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 01/04/2023 Month Day Year	Time Sample Collected 6:45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County: KING
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 47660W		
System Name: LOCLOMAN WATER ASSOCIATION		
Contact Person:		
Day Phone: 253 273 7339	Cell Phone: 253 273 7339	
Eve. Phone: 253 273 7339	FAX:	
Send results to: (Print full name, address and zip code) TOM CUNNINGHAM PO BOX 431 KENT, WA, 98035		
SAMPLE INFORMATION		
Sample collected by (name): TOM CUNNINGHAM		
Specific location where sample collected: 22605 285TH AVE SE		
Project Name or Comments: KITCHEN COLD WATER TAP		
Type of Sample (select only one type of sample from types 1 through 5 below)		
1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: <input type="checkbox"/> Yes <input type="checkbox"/> No Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____	
3. Ground Water Rule Source Sample _____ _____ _____ _____ _____ _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
4. Surface or GWI Raw Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered Yes _____ No _____ _____ _____ _____ _____		
5. <input checked="" type="checkbox"/> Sample Collected for Information Only <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input type="checkbox"/> Other		
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ / ml. E. coli _____ /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform _____ /100 ml.		
Method Code: SM 9222B		Date Received: 1/ 5/2023
Date Analyzed: 1/ 5/2023, 12:00		Date Reported: 1/ 6/23
066-00090 Sample Number (DOH number plus five digits)		Lab Use Only: