



ALS | +1 360 577 7222  
 1317 S. 13<sup>th</sup> Avenue, Kelso, WA 98626  
 SR # W2509500-001

**COLIFORM BACTERIA ANALYSIS FORM**

Date Sample Collected <u>9/25/2015</u> Month Day Year	Time Sample Collected <u>9:45</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Cowlitz</u>
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Type of Water System (check only one box)  
 Group A  Group B  Other private well

Group A and Group B Systems - Provide from Water Facilities Inventory (WFI):

ID# BGS 703  
 System Name: Chillon Inc  
41 Beebe Rd, Parcel # WK3907003 lot 3, Beebe Rd  
 Contact Person: Castle Rock 98611

Day Phone: ( ) Cell Phone: ( )  
 Email: Eve. Phone: ( )

Send results to: (Print full name, address and zip code or e-mail)  
Belmont Sons Well Drilling, Inc.  
4409 Pleasant Hill Road  
Kelso, WA 98626  
360-423-8493  
Fax 360-423-8104

**SAMPLE INFORMATION**

Sample collected by (name): Aaron Burton

Specific location where sample collected: well head  
 Special instructions or comments:

Type of Sample (check only one box)

1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes ___ No ___ Chlorine Residual: Total ___ Free ___	2. Repeat Sample (after unsat routine) <input type="checkbox"/> Distribution System Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes ___ No ___ Chlorine Residual: Total ___ Free ___
3. Source Ground Water Rule Sample <u>S</u> <u> </u> <u> </u> <input type="checkbox"/> Triggered <input type="checkbox"/> Assessment	

4. Enumeration Source Water Sample  
 E. coli  Fecal - Surface, GWI, Springs: Filtered Yes \_\_\_ No \_\_\_ S    

5.  Sample Collected for Information Only:

LAB USE ONLY	<b>DRINKING WATER RESULTS</b>	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

Replacement Sample Required:  
 Sample too old (>30 hours)  TNTC  \_\_\_\_\_

Bacterial Density Results: Total Coliform \_\_\_\_\_ /100ml. E.coli \_\_\_\_\_ /100ml.  
 Fecal Coliform \_\_\_\_\_ /100ml. HPC \_\_\_\_\_ /1 ml.

Lab ID Number	Date and Time Received: <u>9-26-25 0810</u>
Method Code: <input checked="" type="checkbox"/> SM 9223 B <input type="checkbox"/> SM 9222 D <input type="checkbox"/> Other _____	Date and Time Incubated: <u>9-26-25 10:26</u>
Date Analyzed: <u>9-26-25</u>	Date Reported: <u>9-29-25</u>
DOH Lab-Sample# <u>017.95001</u>	Lab Use Only: <u>9.29.25 jpa</u>

**INTERPRETATION OF RESULTS FOR DRINKING WATER**

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease-causing organisms.

**REPORTING OF RESULTS:**

Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

**SATISFACTORY RESULTS:**

The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to ensure the safety of the water supply.

**UNSATISFACTORY RESULTS:**

Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample the IMMEDIATE ACTION REQUIRED by a Public System is:

1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480.
3. Publicly notify the users of public water systems as specified in WAC 246-290-480
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

**TEST UNSUITABLE:**

Resample Immediately. "Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible. "TNTC" means bacteria are too numerous to count. "Excess Debris" means that particulates in the water interfere with the interpretation of test results. "Turbid Culture" means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined, and a new sample must be obtained for testing.

**RESAMPLE:**

Sample is too old: Sample to be tested must be received within 30 hours. Not in proper container: bottle to be used for testing must be purchased from a certified lab within 6 months. Insufficient volume: Sample must be at least 100 ml. If not tested: a new sample must be submitted for analysis.

**FOR ADDITIONAL INFORMATION**

Contact your local health department OR the laboratory where this sample was tested OR the Department of Health, Drinking Water Program Regional Office.