

Bottle Number: _____

Exact Scientific Services, Inc.

STATE OF WASHINGTON DEPARTMENT OF HEALTH WATER BACTERIOLOGICAL ANALYSIS

Sample Information:		
Date Collected (mm/dd/yy): / /	Time Collected (24:00): :	Sample Collected By:
Sample Location (ex. kitchen faucet, pumphouse):		
Project Name (additional information):		
Sample Type (check one): <input type="checkbox"/> Drinking Water <input type="checkbox"/> Irrigation Water <input type="checkbox"/> Surface (Raw)		

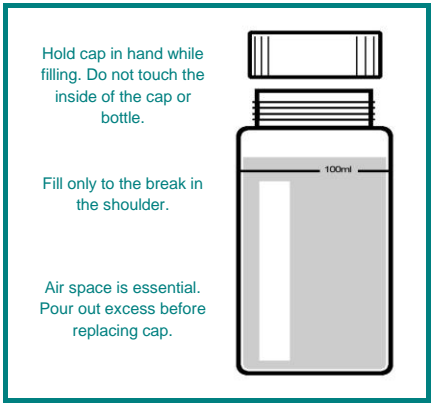
For Public Systems Only:		
Name of System:		
Public System ID Number:	County:	Source Number: S ____
Type of System (check one): <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Other: _____		
Type of Sample (select only one of the five choices below):		
<input type="checkbox"/> 1. Routine Distribution Sample (A/P) Chlorinated: <input type="checkbox"/> Yes <input type="checkbox"/> No Chlorine Residual: Total ____ Free ____		
<input type="checkbox"/> 2. Repeat Sample (A/P) UNSAT lab number: UNSAT Collection Date: Original Date:		
Chlorinated: <input type="checkbox"/> Yes <input type="checkbox"/> No Chlorine Residual: Total ____ Free ____		
<input type="checkbox"/> 3. Ground Water Rule Source Sample Source ID: S ____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
<input type="checkbox"/> 4. Surface or GWI Raw Water sample (Enumeration) Source ID: S ____ <input type="checkbox"/> E.coli <input type="checkbox"/> Fecal Filtered: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 5. Sample collected for Information Only.		

Send Report To:		
Name:		
Address:		
City:	State (WA):	Zip Code:
Phone Number:	Fax Results To:	Additional Contact Info:
Email Address:		

THIS AREA FOR LAB USE ONLY (DRINKING WATER RESULTS)		
Sample Not Tested Because:		Test Unsuitable:
<input type="checkbox"/> Sample Too Old		<input type="checkbox"/> Confluent Growth
<input type="checkbox"/> Wrong Container		<input type="checkbox"/> Not Enough Sample
<input type="checkbox"/> Incomplete Form		<input type="checkbox"/> Turbid
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Too Much Chlorine
Sample Received by:	Date Received:	Time Received:
Payment Information:		Receipt Temp (C):
<input type="checkbox"/> Invoice Client	Total Paid: _____	Lab Number:
<input type="checkbox"/> Paid Cash		
<input type="checkbox"/> Paid CC	Card Type:	
<input type="checkbox"/> Paid Check	Check#:	

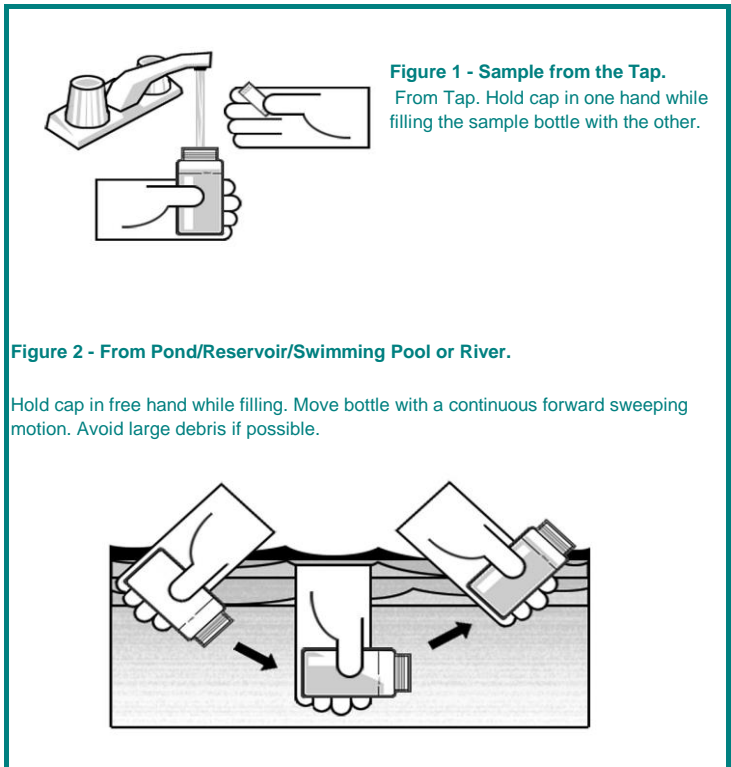
Sampling Bottle:

The bottle you will need for sampling is a 125mL bottle. This bottle is sterile! Please avoid opening it until needed. Handle with the greatest of care to avoid contaminating your sample. The bottle contains a white pellet or fine powder, this is normal and is a chemical used to neutralize excess chlorine in the sample.



Collecting Procedure:

1. Collect sample from a household faucet in regular use. Avoid outside faucets to minimize environmental contamination. Tap samples (See Figure 1):
- 2.
3. Do not sample hot water.
4. Avoid sampling through hoses.
5. Remove any screens, filters or aerator devices from your faucet and allow the water to run for several minutes.
6. For direct well samples pump out about 5 to 25 pails before taking



Please Read Carefully to Avoid Unsuitable Samples:

- Bring your samples in on time (within 30 hours of sample).
- If sampling after chlorine disinfection, make sure the system has been thoroughly flushed and water does not smell of chlorine.
- Sample bottles will often have plastic or paper seals on the cap, carefully remove this seal without touching the insides of the container.

Laboratory Contact and Drop Off Location:	
Exact Scientific Services, Inc. 1355 Pacific Place, Suite#101 Ferndale, Washington 98248	
Phone: (360) 733-1205 Fax: (888) 818-2978 www.exactscientific.com	