



Okanogan County Public Health  
 1234 South 2<sup>nd</sup> Avenue  
 P.O. Box 231  
 Okanogan, WA 98840  
 (509) 422-7140

### COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected <u>11</u> / <u>19</u> / <u>2020</u> Month Day Year	Time Sample Collected <u>12</u> : <u>42</u> : <u>PM</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County <u>OKANOGAN</u>
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Type of Water System (check only one box)  
 Group A     Group B     Other \_\_\_\_\_

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):  
 ID# 4 7 1 2 7 4  
 System Name: LIBERTY WOODLANDS

Contact Person: BRIAN MORATTI  
 Day Phone: (    )    Cell Phone: (360) 531-2236  
 Email: B.MORATTI@GMAIL.COM    Eve. Phone: (    )

Send results to: (Print full name, address and zip code or e-mail)  
BRIAN MORATTI  
P.O. Box 143  
WINTHROP, WA 98862

#### SAMPLE INFORMATION

Sample collected by (name): BRIAN MORATTI

Specific location where sample collected: <u>26 LIBERTY LN</u> <u>WINTHROP, WA 98862</u>	Special instructions or comments:
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Type of Sample (select only one type of sample from types 1 through 5 below)

1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: Yes _____ No <u>X</u> Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____			
3. Ground Water Rule Source Sample <table border="1"> <tr> <td><u>S</u></td> <td></td> <td></td> </tr> </table> <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	<u>S</u>			
<u>S</u>				

4. Surface or GWI Raw Source Water Sample (Enumeration)  
 E. coli     Fecal    Filtered Yes \_\_\_\_\_ No \_\_\_\_\_  

<u>S</u>		
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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

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

Replacement Sample Required:  TNTC     Sample too old  
 Sample Volume     Damaged Container     \_\_\_\_\_

Date/Time Received: 11/19/2020 2:40    Lab Reference Number

Receipt Temp C°:    Method Code:  
MICR - SM9223

Date Reported to DOH: 11/10/2020    Lab Use Only:  
LM

DOH Lab-Sample#  
0930 1318

## 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 insure 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 the 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 interpretation of test results. "Turbid Culture" means an 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 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.



Okanogan County Public Health  
1234 2nd Ave S  
Okanogan, WA 98840  
(509) 422-7140

Receipt #  
**6034**

Name: Brian/Marsha Moratti

Date: 11/9/2020

Payment Type: Check/MoneyOrder

1039

SSS: Keila Gonzalez

A handwritten signature in black ink, appearing to be "K. Gonzalez", is written over the SSS field.

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6034

LAB TEST-COLIFORM

same

\$35.00

Total Amount

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\$35.00