



# Mat-Su Test Lab, LLC



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## Membrane Filter Analysis Coliform Bacteria

Client:	
Address:	PWSID#(if applicable):
Phone #:	Fax #:

### This Section to be Completed by Sampler

Legal Description of Property: \_\_\_\_\_  
 Sample Site Location: \_\_\_\_\_ Delivered to Lab By: \_\_\_\_\_  
 (I.E.: kitchen sink, bathroom sink, outside hose bib)  
 Time Sampled: \_\_\_\_\_ Date Sampled: \_\_\_\_\_ Sampled by: \_\_\_\_\_  
 Sample Type: Routine:  Treated:  Untreated:  Repeat Sample #: \_\_\_\_\_

### This Section to Be Completed by Lab

I Received : \_\_\_\_\_ By: \_\_\_\_\_ Lab # \_\_\_\_\_  
 I Started : \_\_\_\_\_ By: \_\_\_\_\_

### Analysis Results:

Satisfactory       \* Sample Rejected:       Over 48 Hours in Transit  
 \* Unsatisfactory       Confluent Growth  
 TNTC: Colonies too numerous to count.

**\*RECOMEND RESAMPLE WIITHIN 24 HOURS**

**Final Membrane Filter Results:** \_\_\_\_\_ Total Coliform Colonies/100 ml  
 \_\_\_\_\_ Other Bacteria (Maximum = 100 Colonies/100 ml)  
 \_\_\_\_\_ Fecal Colonies/100 ml  
 Date Analysis Completed: \_\_\_\_\_ Reported By: \_\_\_\_\_

### Microbiology Laboratory Record-Coliform Analysis

Test Results	Test Method				Date/Time/Analyst
Membrane Filter	Direct Count: _____ Colonies/100ml				
	Color:	Sheen:	Red:	Pink:	
Presumptive (LTB)	Tube #:				
	24 Hr.				
Confirmatory (BGB)	48 Hr.				
	24 Hr.				
Fecal (EC)	48 Hr.				
	Tube #:				
	24 Hr.				