Mat-Su Test Lab, LLC

Mile 3.2 Palmer-Wasilla Hwy.
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Membrane Filter Analysis

Fecal Coliform Bacteria

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

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

Analysis Results:

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

***RECOMEND RESAMPLE WIITHIN 24 HOURS**

Final Membrane Filter Results: _____ Fecal Colonies/100 ml
_____ Other Bacteria (Maximum = 100 Colonies/100 ml)

Date Analysis Completed:_____ Reported By: _____

Microbiology Laboratory Record-Coliform Analysis

l **Received :** **By:**_____ **Lab #** _____

l **Started :** **By:**_____

Test Results	Test Method					Date/Time/Analyst
Membrane Filter	Direct Count:_____ Colonies/100 ml					
	Color: Blue: _____ Other:_____					
Fecal (EC)	Tube #:					
	24 hr.:					