



64 N Broadway Ave., Othello, WA 99344 Phone: (509) 488-2468 Fax: (509) 488-2473

# GAP Program Water Microbacteriological Analysis

Lab Use Only	
Date Received:	
Time Received:	
Analyst:	
Report Date:	

Client	
Name:	
Address:	
City,State,Zip:	
Phone:	

Contact	
Name:	
Address:	
City,State,Zip:	
Phone:	

Email

Sample Information						Analysis Results						
Sample Collection			*P=Potable	Identification	Analysis			Satisfactory	Unsatisfactory (+ , -) **		Bacteria Density/100 ml	
Date	Time	By	*I=Irrigation	Name or Location	Date	Lab # (1460)		(X)	Total Coliform	Ecoli	Total Coliform	Ecoli
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
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20												

Samples should be received at AV Labs with in 24 hours of filling the bottles.  
**Water Samples are not accepted on Fridays.**

Sample Information					Analysis Results					
Sample Collection			Identification	Analysis		Satisfactory	Unsatisfactory (+, -) **		Bacteria Density/100 ml	
Date	Time	By	Name or Location	Date	Lab # (146+0)	(X)	Total Coliform	Ecoli	Total Coliform	Ecoli
26										
27										
28										
29										
30										
31										
32										
33										
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59										
60										

\*\* (-) = absent, (+) = present