

<b>WATER BACTERIOLOGY or WATER CHEMISTRY TESTING</b>		Page 1 of 1	<b>LAB ID#</b>	
Appendix D: SOP-0014 Water Sample Collection and Receiving		Version 7.0; 03/21/25		
<u>SUBMITTER (SAMPLING LOCATION INFORMATION)</u>		<input type="checkbox"/> YOLO COUNTY ENVIRONMENTAL HEALTH		<input type="checkbox"/> <u>WATER SAMPLE UNSATISFACTORY</u>
NAME:		ADDRESS:		
COUNTY:		CITY:		ZIP:
REGULATED WATER ID # and/or ACCT # <small>Leave Blank If Not known</small>		<input type="checkbox"/> N/A		CONTACT PHONE NUMBER (For positive results <u>ONLY</u> )
SAMPLE SITE: (EXAMPLE: kitchen sink, hose bibb, etc.)		SAMPLE SOURCE: (EXAMPLE: well, wastewater etc.)		
DATE COLLECTED:		TIME COLLECTED:		COLLECTED BY:
CHLORINE LEVEL:  _____ ppm <input type="checkbox"/> NA	pH:  <input type="checkbox"/> UNKNOWN	IS WATER TREATED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
		HAND CHLORINATION DATE: _____ <input type="checkbox"/> UNKNOWN		
<b>TEST REQUESTED (CHECK BOX)</b> *Some tests may be subcontracted to another laboratory		<b>NOTES (PH Lab Staff Only):</b>		
<input type="checkbox"/> PRESENCE / ABSENCE    (Method: SM 9223 B Colilert/Colilert 18)		<input type="checkbox"/> Cl <sub>2</sub> pre-screening required / Result in ppm (0 or >0): _____		
<input type="checkbox"/> QUANTITRAY    (Method: SM 9223 B Colilert/Colilert 18)		<input type="checkbox"/> Sample received on ice or ice packs in container		
<input type="checkbox"/> PLATE COUNT    (Method: SM 9215 B)		SEND COPY TO: <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Submitter only		
<input type="checkbox"/> ENTEROCOCCI    (Method Enterolert)		PAYMENT RECEIPT NUMBER: _____		
<input type="checkbox"/> NITRATE <input type="checkbox"/> NITRITE    (Method: EPA 300.1 OR EPA 300.0)		<input type="checkbox"/> OTHER WATER CHEMISTRY TEST (SPECIFY):		
<b><u>CONTACT INFORMATION TO RECEIVE RESULTS</u></b> <input type="checkbox"/> Contact information same as submitter information listed above				
NAME:		ADDRESS:		CITY:
STATE:	ZIP:	EMAIL/FAX:		
DATE/ TIME RECEIVED	RECEIVING TEMP in °C: Observed Temp / Corrected Temp  /	IR THERMOMETER SN# <input type="checkbox"/> 192386068 <input type="checkbox"/> 230240516	BOTTLE LOT #	RECEIVING ANALYST:  #30; 6763502

NAPA-SOLANO-YOLO-MARIN COUNTY PUBLIC HEALTH LABORATORY ELAP NO. 2396; 2201 Courage Drive, Fairfield, CA 94533, PH (707) 784-4410

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<u>SUBMITTER (SAMPLING LOCATION INFORMATION)</u>		<input type="checkbox"/> YOLO COUNTY ENVIRONMENTAL HEALTH		<input type="checkbox"/> <u>WATER SAMPLE UNSATISFACTORY</u>
NAME:		ADDRESS:		
COUNTY:		CITY:		ZIP:
REGULATED WATER ID # and/or ACCT # <small>Leave Blank If Not known</small>		<input type="checkbox"/> N/A		CONTACT PHONE NUMBER (For positive results <u>ONLY</u> )
SAMPLE SITE: (EXAMPLE: kitchen sink, hose bibb, etc.)		SAMPLE SOURCE: (EXAMPLE: well, wastewater etc.)		
DATE COLLECTED:		TIME COLLECTED:		COLLECTED BY:
CHLORINE LEVEL:  _____ ppm <input type="checkbox"/> NA	pH:  <input type="checkbox"/> UNKNOWN	IS WATER TREATED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
		HAND CHLORINATION DATE: _____ <input type="checkbox"/> UNKNOWN		
<b>TEST REQUESTED (CHECK BOX)</b> *Some tests may be subcontracted to another laboratory		<b>NOTES (PH Lab Staff Only):</b>		
<input type="checkbox"/> PRESENCE / ABSENCE    (Method: SM 9223 B Colilert/Colilert 18)		<input type="checkbox"/> Cl <sub>2</sub> pre-screening required / Result in ppm (0 or >0): _____		
<input type="checkbox"/> QUANTITRAY    (Method: SM 9223 B Colilert/Colilert 18)		<input type="checkbox"/> Sample received on ice or ice packs in container		
<input type="checkbox"/> PLATE COUNT    (Method: SM 9215 B)		SEND COPY TO: <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Submitter only		
<input type="checkbox"/> ENTEROCOCCI    (Method Enterolert)		PAYMENT RECEIPT NUMBER: _____		
<input type="checkbox"/> NITRATE <input type="checkbox"/> NITRITE    (Method: EPA 300.1 OR EPA 300.0)		<input type="checkbox"/> OTHER WATER CHEMISTRY TEST (SPECIFY):		
<b><u>CONTACT INFORMATION TO RECEIVE RESULTS</u></b> <input type="checkbox"/> Contact information same as submitter information listed above				
NAME:		ADDRESS:		CITY:
STATE:	ZIP:	EMAIL/FAX:		
DATE/ TIME RECEIVED	RECEIVING TEMP in °C: Observed Temp / Corrected Temp  /	IR THERMOMETER SN# <input type="checkbox"/> 192386068 <input type="checkbox"/> 230240516	BOTTLE LOT #	RECEIVING ANALYST:  #30; 6763502

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