

PLEASE DO NOT WRITE IN SHADED AREAS

WATER BACTERIOLOGY or CHEMISTRY TEST

WATER 11/2019
SCR#

LABORATORY NUMBER:
ACCT#

SEND COPY TO: NAPA COUNTY SOLANO COUNTY YOLO COUNTY MARIN COUNTY STATE OFFICE

NAME AND ADDRESS OF SAMPLING POINT
NAME
ADDRESS
CITY ZIP

24-hour CALLED
PRESENCE/ABSENCE (P/A) TEST RESULTS PER 100MLS: MMO/MUG
TOTAL COLIFORMS: [] PRESENT [] ABSENT
ESCHERICHIA COLI: [] PRESENT [] ABSENT
[] MEETS BACTERIOLOGICAL STANDARDS
[] DOES NOT MEET BACTERIOLOGICAL STANDARDS

REGULATED/FILE/NCWS/PO#

MPN TEST RESULT PER 100 MLS QUANTITRAY: COLILERT / ENTEROLERT
COLIFORMS: E. COLI: ENTEROCOCCUS:
 1:1

SAMPLE SITE: (ie kitchen sink etc.)

SAMPLE SOURCE:

PLATE COUNT PER ML (AT 35°):
AIR QC: MEDIA QC:

DATE COLLECTED:

TIME COLLECTED:

COLLECTED BY:

pH:
Cl:

AUTOCHLORINATOR (circle one):
YES NO
HAND CHLORIN. DATE:

WATER CHEMISTRY: SENT TO MONTEREY

TEST REQUESTED [CHECK BOX]
[] P/A [] QUANTITRAY [] PLATE COUNT [] NITRATE
[] NITRITE [] OTHER (SPECIFY):

CREDIT CARD RECEIPT #: _____

CONTACT INFORMATION TO RECEIVE RESULTS
NAME
ADDRESS
CITY/STATE ZIP
PHONE: EMAIL/FAX:

REMARKS:

LAB REMARKS:

REPORTING
 EMAILED MAILED

DATE/ TIME RECD

SETUP

DATE/TIME REPORTED

ANALYST