



PUBLIC HEALTH BRANCH

**PUBLIC HEALTH LABORATORY**

PEPPER STOCKTON, LABORATORY DIRECTOR, ELAP CERTIFICATION #2033

529 I STREET, EUREKA, CA 95501 (707) 268-2179

HOURS: MONDAY THROUGH FRIDAY, 08:30 am TO 12 noon AND 1 TO 5 pm

Lab accession #

**BACTERIAL WATER FORM**

\*\*\*\*\* **NO WATER SAMPLES ACCEPTED ON FRIDAY** \*\*\*\*\*

Sample will be rejected if temperature upon receipt shows evidence of freezing (Temperature ≤ 0.0°C) or exceeds room temperature (Temperature > 25.0°C), unless the time since sample collection has been less than two hours.

<b>SUBMITTER NAME:</b>	<b>DATE SAMPLED:</b>	<b>TIME SAMPLED:</b>
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<b>ADDRESS REPORT SENT:</b>	<b>SAMPLED BY:</b>	<b>BOTTLE NUMBER:</b>
<b>CITY:</b>	<b>ZIP CODE:</b>	
<b>PHONE #</b>	<b>CELL#</b>	

<input type="checkbox"/> FAX TO:	<input type="checkbox"/> EMAIL TO:	<b># OF CONNECTIONS:</b>	<b>RESIDUAL CHLORINE:</b>
			<input type="checkbox"/> CHECK HERE IF NONE

<b>LOCATION OF SAMPLE / ADDRESS:</b>	<b>RESULTS TO:</b> <input type="checkbox"/> ENVIRONMENTAL HEALTH
	<input type="checkbox"/> REDDING -SWRCB <input type="checkbox"/> OTHER

**PWSID #:**

<b>REASON:</b> <input type="checkbox"/> OTHER <input type="checkbox"/> REPEAT <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> ROUTINE	<b>COMMENTS:</b>
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<b>SAMPLE TYPE:</b>	<b>TEST REQUESTED:</b>
<input type="checkbox"/> DRINKING WATER	<input type="checkbox"/> ENUMERATION, COLILERT QUANTI-TRAY 51, QT51 (SM 9223 COLILERT 24H)
<input type="checkbox"/> SPRING/CREEK	<input type="checkbox"/> ENUMERATION, COLILERT QUANTI-TRAY 2000, QT2K (SM 9223 COLILERT 24H)
<input type="checkbox"/> RECREATIONAL	<input type="checkbox"/> ENUMERATION, ENTEROLERT (SM 9223 ENTEROLERT 24H)
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> PRESENCE / ABSENCE (SM 9223 COLILERT 24H)
	<input type="checkbox"/> OTHER:

\*\*\*\*\* **Lab Use Only** \*\*\*\*\*

<input type="checkbox"/> Check here if temperature blank used	Bottle #	<u>Temperature Control</u>
Temperature of water upon receipt:	°C	<input type="checkbox"/> SN:112008318 LAB
Date and time received and Initials:		<input type="checkbox"/> SN: 221368888 B/Y
<input type="checkbox"/> PAID      RECEIPT #	<input type="checkbox"/> BILL	<input type="checkbox"/> DEH

**COMMENTS:**