NAPA-SOLANO-YOLO-MARIN COUNTY PUBLIC HEALTH LABORATORY, 2201 Courage Drive MS 9-200, Fairfield, CA 94533, PHONE (707) 784-4410 PLEASE DO NOT WRITE IN SHADED AREAS LABORATORY NUMBER: WATER 6/2017 WATER BACTERIOLOGY EXAMINATION RECEIPT# ACCT# SEND COPY TO:
NAPA COUNTY ☐ SOLANO COUNTY ☐ YOLO COUNTY ☐ MARIN COUNTY ☐ STATE OFFICE NAME AND ADDRESS OF SAMPLING POINT PRESENCE/ABSENCE (P/A) TEST RESULTS PER 100MLS:MMO/MUG NAME [] PRESENT [] ABSENT TOTAL COLIFORMS: **ESCHERICHIA COLI:** [] PRESENT [] ABSENT **ADDRESS** MPN TEST RESULT PER 100 MLS QUANTITRAY: COLILERT / ENTEROLERT CITY ZIP COLIFORMS: E. COLI: **ENTEROCOCCUS:** PHONE/FAX/E-MAIL: REGULATED/FILE/NCWS/PO# PLATE COUNT PER ML (AT 35°): DATE COLLECTED: TIME COLLECTED: MTF **PRESUMPTIVE TUBES CONFIRMED TUBES E.C. TUBES** 24 / 48 SAMPLE SITE: (ie kitchen SAMPLE SOURCE: HR sink etc) COLLECTED AUTOCHLORINATOR (circle one): pH: [] MEETS BACTERIOLOGICAL STANDARDS BY: CI: [] DOES NOT MEET BACTERIOLOGICAL STANDARDS **HAND CHLORINATED DATE:** TEST REQUESTED [CHECK BOX] REMARKS: []QUANTITRAY [] PLATE COUNT [] MTF [] P/A []NITRATE [] NITRITE []OTHER (SPECIFY): NAME AND ADDRESS TO WHOM REPORT WILL BE SENT WATER CHEMISTRY: NAME **ADDRESS** REPORTING □ CALLED □ MAILED CITY/STATE ZIP □ SENT TO MONTEREY

□ FAXED

DATE/TIME REPORTED

SETUP

DATE/ TIME RECD

□ EMAILED

ANALYST