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

WATER BACTERIOLOGY EXAMINATION

WATER 6/2017

LABORATORY NUMBER:

RECEIPT# **ACCT#**

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

NAME AND ADDRESS OF SAMPLING POINT

NAME

ADDRESS

CITY **ZIP**

PHONE/FAX/E-MAIL:

PRESENCE/ABSENCE (P/A) TEST RESULTS PER 100MLS:MMO/MUG

TOTAL COLIFORMS: [ ] PRESENT [ ] ABSENT

ESCHERICHIA COLI: [ ] PRESENT [ ] ABSENT

MPN TEST RESULT PER 100 MLS QUANTITRAY: COLILERT / ENTEROLERT

COLIFORMS: E. COLI: ENTEROCOCCUS:

REGULATED/FILE/NCWS/PO#

PLATE COUNT PER ML (AT 35°):

DATE COLLECTED :	**TIME COLLECTED :**
SAMPLE SITE : (ie kitchen sink etc)	**SAMPLE SOURCE :**

MTF 24 / 48 HR	**PRESUMPTIVE TUBES**	**CONFIRMED TUBES**	**E.C. TUBES**
	/	/	/

COLLECTED BY: **pH:** **Cl:**

AUTOCHLORINATOR (circle one): **YES** ☐ **NO** ☐

HAND CHLORINATED DATE :

[ ] MEETS BACTERIOLOGICAL STANDARDS

[ ] DOES NOT MEET BACTERIOLOGICAL STANDARDS

TEST REQUESTED [CHECK BOX]

[ ] P/A [ ]QUANTITRAY [ ] PLATE COUNT [ ] MTF

[ ]NITRATE [ ] NITRITE [ ]OTHER (SPECIFY):

REMARKS:

NAME AND ADDRESS TO WHOM REPORT WILL BE SENT

NAME

ADDRESS

CITY/STATE **ZIP**

WATER CHEMISTRY:

REPORTING

☐ **CALLED** ☐ **MAILED** ☐ **SENT TO MONTEREY**

☐ **FAXED** ☐ **EMAILED**

DATE/ TIME RECD	**SETUP**	**DATE/TIME REPORTED**	**ANALYST**