

<b>WATER BACTERIOLOGY or WATER CHEMISTRY TESTING</b>		Page 1 of 1		LAB ID#	
Appendix D: SOP-0014 Water Sample Collection and Receiving		Version 6.0; 02/09/24			
<b>SUBMITTER (SAMPLING LOCATION INFORMATION)</b>		<input type="checkbox"/> YOLO COUNTY ENVIRONMENTAL HEALTH		<input type="checkbox"/> <b>WATER SAMPLE UNSATISFACTORY</b>	
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	AUTO CHLORINATOR (circle one): YES   NO   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>CONTACT INFORMATION TO RECEIVE RESULTS</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:	Refrigerator ID and SN#  #30; 6763502

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