WATER BACTERIOLOGY or WATER CHEMISTRY TESTING

PLEASE DO NOT LEAVE ANY UNSHADED SECTIONS BLANK

LAB ID#

SAMPLING LOCATION INFORMATION (SUBMITTER)

NAME: **ADDRESS:**

COUNTY: **CITY:** **ZIP:**

REGULATED WATER ID #, NCWS or ACCT #
Leave Blank If Not known

CONTACT PHONE NUMBER **(For positive results ONLY)**

SAMPLE SITE: **(kitchen sink, hose bibb, etc.)**

SAMPLE SOURCE: **(well, wastewater etc.)**

DATE COLLECTED:

TIME COLLECTED:

COLLECTED BY:

CHLORINE LEVEL:

☐ **UNKNOWN**

pH:

☐ **UNKNOWN**

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

HAND CHLORINATION DATE: ☐ **UNKNOWN**

TEST REQUESTED (CHECK BOX)

- ☐ **PRESENCE / ABSENCE** (**Method: SM 9223 B Colilert/Colilert 18)**
- ☐ **QUANTITRAY** (**Method: SM 9223 B Colilert/Colilert 18 OR SM 9223 B-2004)**
- ☐ **PLATE COUNT** (**Method: SM 9215 B)**
- ☐ **NITRATE** ☐ **NITRITE** (**Method: EPA 300.1 OR EPA 300.0)**
- ☐ **OTHER WATER CHEMISTRY TEST (SPECIFY):**

NOTES:

SEND COPY TO: ☐ **State** ☐ **County** ☐ **Submitter only**

CREDIT RECIEPT: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

CONTACT INFORMATION TO RECEIVE RESULTS

☐ **YOLO COUNTY ENVIRONMENTAL HEALTH**

NAME: **ADDRESS:** **CITY:**

STATE: **ZIP:** **EMAIL/FAX:**

DATE/ TIME RECD	RECEIVING TEMP:	RECEIVING ANALYST:	Bottle Lot #	NOTES:

NAPA-SOLANO-YOLO-MARIN-MENDOCINO COUNTY PUBLIC HEALTH LABORATORY, 2201 Courage Drive MS 9-200, Fairfield, CA 94533, PHONE (707) 784-4410