



1885 North Kelly Road  
 Napa, CA 94558  
 Phone: (707) 258-4000  
 Fax: (707) 226-1001

**LAB NUMBER**

**COLIFORM BACTERIA ANALYSIS**

- Check here if this is a next business day Rush analysis.
- Check here if this sample is used for regulatory purposes.
- Check here to have lab send copy to regulatory office.
- NCEH  DOHS.SR  DOHS.BERK

**CLIENT INFORMATION:**

Client: \_\_\_\_\_ Attn: \_\_\_\_\_

Address: \_\_\_\_\_ Project: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Sampled By: \_\_\_\_\_

Date/Time Set: \_\_\_\_\_  
 Date/Time Read Out: \_\_\_\_\_  
 Analyst: \_\_\_\_\_

**LAB USE ONLY**

**FILL CONTAINER TO THE 100ML LINE AND RETURN TO LAB WITHIN 12 HOURS.**

CALTEST LAB NO.	SAMPLE DATE	SAMPLE TIME	SAMPLE LOCATION DESCRIPTION	Total Coliform	Fecal Coliform (E. Coli)
				Present / Absent	Present / Absent
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**ONLY THE STATEMENT 'TOTAL COLIFORM ABSENT' MEANS THAT THE WATER MEETS THE BACTERIAL REQUIREMENTS OF THE STATE HEALTH AND SAFETY CODES FOR POTABLE WATER.**

Submitted By: (Print & Sign)	Date	Received By:	CSI
	Time		

Please fill in your name and mailing address on the back side of this form to insure that you receive your results promptly.