



Lab Certification (ELAP) #1664

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

LAB NUMBER:

COLIFORM BACTERIA ANALYSIS

Check here if this is a next business day **Rush** analysis

CLIENT INFORMATION:

Client _____
 Mailing Address _____ Phone _____
 City _____ St _____ Zip _____
 Project Name _____
 Sampler Name _____

Check here if this sample is used for regulatory purposes.

Check below to have lab send copy to a regulatory office

NCEH CDPH.SR CDPH.RICH

Sample Type (circle one - required)

Routine Repeat Raw Special

CDPH System #: _____
 (required)

Reporting Options:

Mail Hardcopy (default) - Please fill-in complete address on reverse side of page

Email (please print): _____

Email cc (please print): _____

Fax: _____

Fill the container to BETWEEN the 100mL and 120mL LINES AND RETURN TO LAB WITHIN 12 HOURS.

CALTEST LAB #	SAMPLE DATE	SAMPLE TIME	SAMPLE LOCATION DESCRIPTION	Field Chlorine Residual	Total 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"/>	<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"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LAB USE ONLY

Notification
 Req? Y N Initials: _____ Date/Time: _____

Date/Time Set: _____ / _____

Analyst: _____

Date/Time Read Out: _____ / _____

Contact: _____

Analyst: _____

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		