



County of Sonoma
 Department of Health Services
Public Health Laboratory
 3313 Chanate Road, Santa Rosa, CA 95404
 Telephone (707) 565-4711

COLLECTED BY: _____

SAMPLING POINT: _____

NAME: _____

MAILING ADDRESS: _____

ZIP _____

SOURCE: WELL SPRING STREAM

OTHER _____

RESAMPLE 1 _____ 2 _____ 3 _____

TEST REQUESTED:

COLILERT P/A COLILERT QUANTITRAY MPN

TOTAL COLIFORM (MTF/MPN) FECAL COLIFORM

SHELLFISH WATERS ENTEROLERT

DILUTED = 1:10 1:100 1:1000

DATE COLLECTED: _____ **TIME:** _____

CONTACT _____ **TIME SET UP:** _____

PH.: _____ **TIME READ:** _____

LAB REMARKS: _____

LAB NO. _____

DATE & TIME REC'D: _____

BACTERIOLOGICAL EXAMINATION OF WATER

RESULTS

COLILERT P/A: COLIFORMS – PRESENT / ABSENT

E. coli – PRESENT / ABSENT

TOTAL COLIFORM

MTF/MPN: _____ COLIFORMS/100 ml

FECAL COLIFORM

MTF/MPN: _____ COLIFORMS/100 ml

_____ *E. coli*/100 ml

MEMBRANE FILTER:

_____ COLIFORMS/100 ml

HETEROTROPHIC

PLATE COUNT: _____ CFU/100 ml

INTERPRETATION (see reverse side)

NOT CONTAMINATED CONTAMINATED

PLEASE RESUBMIT SAMPLE BECAUSE:

DATE REPORTED: _____

W
A
T
E
R

 10
 15
 F
 C
 QT
 MF
 SF

EXPLANATORY NOTE

The presence of Coliform organisms may indicate sewage contamination. The type and degree, and therefore the danger, of existing pollutions cannot be established by laboratory test alone but should be based upon a survey of field conditions supplemented by Bacteriological Tests.

Since the bacterial contamination of water varies with the conditions of the supply such as rainfall, season, demand, etc., the results reported on the reverse are only true at the time of sampling.

The drinking water standards of the California State Department of Health are used in evaluating the bacteriological quality of supplies being served by domestic water systems.

For information regarding the safety of your water system and/or these standards, consult your Permits and Resource Department's district sanitarian. Phone 527-1900 or CA. Drinking Water Field Operations Branch 576-2145 if submitter is a Public Water System.

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**LABORATORY REPORT
OF BACTERIOLOGICAL EXAMINATION OF WATER**

		10 ml PORTIONS					1 ml PORTIONS					0.1 ml PORTIONS					MPN See charts for 10-tube & 15-tube _____
LACTOSE BROTH	24																
	48																
B.G. BROTH	24																
	48																

PLATE COUNT:	COLONIES/1 ML	DATE OF EXAMINATION:
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N.D. 1:10 1:100 1:1,000 1:10,000

		10 ml PORTIONS					1 ml PORTIONS					0.1 ml PORTIONS					DIL	FECAL COLIFORM per 100ml
LACTOSE BROTH																	NO 1:10 1:100 1:1000	
E.C. MEDIUM																		

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