



County of Sonoma
 Department of Health Services
Public Health Laboratory
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 Telephone (707) 565-4711

SYSTEM NAME: _____

SAMPLING POINT: _____

NAME: _____

MAILING ADDRESS: _____

CITY: _____ **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 P.H. CHECK

DATE COLLECTED: _____ **TIME:** _____

CONTACT _____ **TIME SET UP:** _____

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

LAB REMARKS: _____

PUBLIC WATER SYSTEMS WILL BE NOTIFIED WITHIN _____

24 HOURS OF A POSITIVE COLIFORM SAMPLE.

TIME & DATE NOTIFIED _____

COPY TO CA DRINKING WATER OPERATIONS

COPY TO SO. CO. ENVIRONMENTAL HEALTH DEPT.

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

ENTEROLERT _____ ENTEROCOCCI/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