



County of Sonoma
 Department of Health Services
Public Health Laboratory
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COLLECTED BY: _____

SAMPLING POINT: _____

CONTACT NAME: _____

MAILING ADDRESS: _____

CITY: _____ **ZIP** _____

PHONE: _____

EMAIL: _____

SOURCE: WELL SPRING STREAM
 OTHER _____

RESAMPLE 1 _____ 2 _____ 3 _____

TEST REQUESTED:

- COLILERT P/A COLILERT QUANTITRAY MPN
 TOTAL COLIFORM (MTF/MPN) FECAL COLIFORM (MTF/MPN)
 SHELLFISH WATERS ENTEROLERT QUANTITRAY MPN
 DILUTED = 1:10 1:100 1:1000

DATE COLLECTED: _____ **TIME:** _____

18 HOUR COLILERT INITIALS: _____ TIME SET UP: _____

24 HOUR COLILERT INITIALS: _____ TIME READ: _____

18 HOUR COLILERT PRE-WARMED @ 44.5 FOR 10 Minutes

LAB NO. _____

DATE & TIME REC'D: _____

Temperature On Arrival

Ice Pack Wet Ice

No Ice Initials _____

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: _____ FECAL COLIFORMS/100 ml

_____ *E. coli*/100 ml

_____ ENTEROCOCCUS/100 ml

HETEROTROPHIC PLATE COUNT: _____ CFU/100 ml

INTERPRETATION (see reverse side)

NOT CONTAMINATED CONTAMINATED

COPY TO CA DRINKING WATER OPERATIONS

COPY TO SO CO ENVIRONMENTAL HEALTH DEPT.

DATE REPORTED: _____

LAB REMARKS: _____
