

**Multiple Water Samples Submission Form**

Copy to CA Drinking Water Operations  
 Copy to Sonoma Co. Env. Health Dept.

Submitting organization:	Delivered by (print name & intial):	Refrigerant used to transport samples: <input type="checkbox"/> ice pack <input type="checkbox"/> wet ice <input type="checkbox"/> none	Date & time of receipt at lab:  Received by initials: _____ Date reported: _____	Date/time: _____ Initials _____ setup _____ read _____ Colilert type: <input type="checkbox"/> 18 hour <input type="checkbox"/> 24 hour <input type="checkbox"/> 18 hour tests pre-warmed @ 44.5 for 10 min.
Contact phone:	Fax:			
Contact email:				

Lab Number (lab use only)	Location (where sample collected)	Date collected	Time collected	Name of sample collector	Test Requested	Dilution	Sample temp. at lab [C]	Results / Interpretation					
					<input type="checkbox"/> Colilert P/A <input type="checkbox"/> Colilert QT <input type="checkbox"/> Enterolert QT <input type="checkbox"/> Bacteroides	<input type="checkbox"/> 1:10 <input type="checkbox"/> 1:100 <input type="checkbox"/> 1:1000		Colilert P/A	Total coliforms - Present/Absent <i>E. coli</i> - Pesent/Absent	<input type="checkbox"/> Not contaminated <input type="checkbox"/> Contaminated			
								MPN per 100 ml	Total coliforms	<i>E. coli</i>	Enterococcus		
					<input type="checkbox"/> Colilert P/A <input type="checkbox"/> Colilert QT <input type="checkbox"/> Enterolert QT <input type="checkbox"/> Bacteroides	<input type="checkbox"/> 1:10 <input type="checkbox"/> 1:100 <input type="checkbox"/> 1:1000		Colilert P/A	Total coliforms - Present/Absent <i>E. coli</i> - Pesent/Absent	<input type="checkbox"/> Not contaminated <input type="checkbox"/> Contaminated			
								MPN per 100 ml	Total coliforms	<i>E. coli</i>	Enterococcus		
					<input type="checkbox"/> Colilert P/A <input type="checkbox"/> Colilert QT <input type="checkbox"/> Enterolert QT <input type="checkbox"/> Bacteroides	<input type="checkbox"/> 1:10 <input type="checkbox"/> 1:100 <input type="checkbox"/> 1:1000		Colilert P/A	Total coliforms - Present/Absent <i>E. coli</i> - Pesent/Absent	<input type="checkbox"/> Not contaminated <input type="checkbox"/> Contaminated			
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