



Lab Certification (ELAP) #1664

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LAB ORDER #:

## COLIFORM BACTERIA ANALYSIS

### SAMPLING INSTRUCTIONS:

**BOTTLE IS STERILE - DO NOT OPEN OR RINSE BEFORE SAMPLING**

1. Pick a water tap that is commonly used. Do not use a swivel faucet.
2. Remove any tap attachments (filters, aerators, etc).
3. Let the water run for a full 5 to 10 minutes.
4. Clean faucet with rubbing alcohol, inside and outside.
5. Open the cold water valve to a full steady stream.
6. Hold the sample container near the bottom.

### FEES: For Coliform Analysis Only

Standard Turnaround (results in 5-7 days) \$50.00  
 RUSH Turnaround (results sent next day)\* add \$25.00  
 \*Sample must be received by 3 PM and paid in full in order to receive results by end of the next business day.

Check here for **RUSH** Turnaround

### CARE MUST BE TAKEN IN THE FOLLOWING STEPS TO AVOID SPLASHING

7. Reduce the flow of water to a 'pencil' stream.
8. Remove cap without touching the neck or inside of cap.
9. Open the sample container - carefully insert opening into the water stream. **Fill the container to between the 100mL and 120mL lines (not less than 100mL, but not more than 120mL).** Recap container and tighten. **RETURN TO THE LAB WITHIN 12 HOURS.**

### CLIENT INFORMATION:

Client \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Project Name \_\_\_\_\_  
 Sampler Name \_\_\_\_\_

### Reporting Options:

- Mail Hardcopy (default) - Please fill-in complete address on reverse side of page  
 Email (please print): \_\_\_\_\_  
 Email cc (please print): \_\_\_\_\_  
 Regulator Email (if applicable): \_\_\_\_\_

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

Other (county/agency): \_\_\_\_\_

Sample Type (circle one - required)  
 Routine Repeat Raw Special

CDPH System #: \_\_\_\_\_  
 (required)

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"/>

### LAB USE ONLY

Notification Req? Y N Initials: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Date/Time Set: \_\_\_\_\_ / \_\_\_\_\_  
 Contact: \_\_\_\_\_ Analyst(s): \_\_\_\_\_  
 \_\_\_\_\_ Date/Time Read Out: \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ Entered By: \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Analyst(s): \_\_\_\_\_

**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:	Temp: _____ / _____ °C
	Time		Sealed: Y / N
Submitted By: (Print & Sign)	Date	Received By:	Intact: Y / N
	Time		On ice: Y / N