

Lab Certification (ELAP) #1664

SAMPLING INSTRUCTIONS:

1885 North Kelly Road Napa, CA 94558 Phone: (707) 258-4000 info@caltestlabs.com www.caltestlabs.com

COLIFORM BACTERIA ANALYSIS

LAB ORDER #:

For Coliform Analysis Only

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.

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.
- 10. Return to the lab, on ice, within 12 hours.

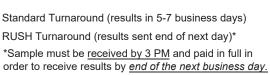
CLIENT INFORMATION:

Client					Г		this comple is		
Mailing Address			Phone			Check here if this sample is used for regulatory purposes.			
City			St	_ Zip		Check below	to have lab send		
Project Na	me					copy to a re	gulatory office		
Sampler N	lame						H.SR CDPH.RICH		
Reporting	Options:					Other:			
🗌 Mail Ha	rdcopy (def	ault) - Please fill-in complete	address on reverse si	de of page		Sample Type (c	ircle one - required)		
Email (please print):					_		peat Raw Special		
Email cc (please print):					CDPH System #: (required)				
		applicable):			L	(
SAMPLE	SAMPLE				Field Chlorine	Total Coliform	<u>E. Coli</u>		
DATE	TIME	SAMPLE LOC	ATION DESCRIF	PTION	Residual	Present Absent	Present Absent		
						LAB USE ONLY			
Notification	n Req? Y	<u>N</u> Initials:Date	/Time:		Da	ate/Time Set:			
Contact:						Analyst(s):			
					Date/Tin	ne Read Out:			
		PM:	Entered:	Review	ed:	_ Analyst(s):			
ONLY	THE STAT	EMENT 'TOTAL COL					E 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

Comments:



Check here for **<u>RUSH</u>** Turnaround

If sample results indicate the presence of coliform bacteria, the following decontamination procedures have been recommended by County Environmental Health Departments:

- 1. If water is cloudy, pump the well until the water appears to be clear.
- 2. Mix one gallon household bleach containing 5.25% sodium hypochlorite to three gallons of water. Greater amounts or stronger chlorine solutions should be used for wells of more than 100 feet deep.
- 3. The chlorine solution is then poured into the well. It may be necessary to lift the pump, but some wells have openings which can be used for this purpose.
- 4. Do not operate the pump for 30 minutes. After the 30 minute period, with the taps, faucets and hydrants open or closed, surge the well by starting and stopping the pump several times.
- 5. Open every tap, faucet or hydrant in the water piping system, start the pump and let the water flow until clean water with a strong odor of chlorine comes out.
- 6. Stop the pump and close all the taps, faucets and hydrants. Do not operate the pump for 24 hours.
- 7. After 24 hours, open all outside taps, faucets and hydrants and let the water flow until the odor of chlorine is gone. Do not discharge heavily chlorinated water into an individual sewage disposal system.
- 8. A water sample for bacteriological analysis should be obtained one week or more after disinfecting the well.

NOTE: Make sure that your well is tightly sealed to keep out rodents, insects, dirt and surface water seepage.

For storage tanks, use of 4 ounces of household bleach per 1000 gallons should provide 5ppm of free residual chlorine.

For additional information contact your County Health Department.

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