



San Joaquin County Public Health Laboratory
 1601 E. Hazelton Avenue
 Stockton, CA 95205
 ELAP # 1892
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 Laboratory Director
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LABORATORY USE ONLY	
LABORATORY NUMBER	DATE RECEIVED

Submitter Information

Agency: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone number: _____ FAX: _____

Collected By: _____

Free Chlorine: _____ Total Chlorine: _____ N/A

Note: Enter Chlorine value in box. Report Chlorine level as "N/A" when not provided.

Sample Location Information

Sample Location: _____

Sample Point: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Sample Identification Number: _____

Date Specimen Taken: _____ Time _____

WATER TYPE INFORMATION

Potable Water Potable Water, Private Public

Routine Duplicate Specimen for Compliance Source Other

TEST(S) REQUESTED

Total Coliform/E. coli Qualitative (Colilert)

FOR LABORATORY USE ONLY

Set Up Initials: _____ Date/Time Set-Up: _____

Reporting Initials: _____ Date/Time Read: _____

WATER TESTING RESULTS

Total Coliform Absent (Colilert). Less yellow than the comparator observed

Total Coliform Present (Colilert)*. Yellow color equal to or greater than the comparator observed

E. coli Absent (Colilert). Less yellow than the comparator observed

E. coli Present (Colilert)*. Yellow and fluorescence equal to or greater than the comparator observed

Water temperature (Batch) upon receipt (°C) : _____

I attest that all testing has been documented on the appropriate QC logs, using controls, kits, reagents, and equipment that have met the San Joaquin County Public Health Laboratory Quality Control requirements. Analyst Initials:

Office Staff Initial/Date: _____ Supervisor/ Senior Initial/Date: _____

All observations were made after an incubation period of 24 to 28 hrs in a 35 plus or minus 2 degree C. incubator

* Positive results require immediate notification to submitter

** Batch is defined as: Any group of water samples received at the same time and transported under the same conditions.

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