

**BACTERIOLOGICAL EXAMINATION OF DRINKING WATER
SANTA BARBARA COUNTY PUBLIC HEALTH LABORATORY**

Water Supply Name: _____ Sample ID #: _____
 Location Address: _____ Permit #: _____
 Sample Point: _____ Source: _____
 Sample Type: Routine Repeat Other _____ Cl₂ _____ ppm Notes _____
 Collected By _____ Date/Time _____ / _____ Notification Phone/Email: _____
 Instructions to Laboratory _____

Water Sample Temperature: _____ (C)	PUBLIC HEALTH LABORATORY USE ONLY	
Date Received:	Time Received:	Laboratory Sample ID #:
Date Planted:	Time Planted:	
Method: MMO/MUG	Total Coliforms: <input type="checkbox"/> Absent <input type="checkbox"/> Present	Notification
	E. coli: <input type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> N/A	Person Notified:
Date Reported:	Tested by:	Date Notified:
Time Reported:		
Opinion:	Notified by:	
Signed:		

[Click here to submit completed form to Public Health Lab](#)