



Crescent City Water Quality Laboratory

195 B Street Crescent city, CA

707-465-5258

Drop off Sample to Laboratory

City of Crescent City

Water Department

377 J Street Crescent City, CA

Pre-pay at Water Department

SAMPLE TYPE	TEST REQUESTED	Laboratory Fee	Payment Receipt
a) POTABLE WATER (Drinking Water)	a) Presence/ Absence		
b) SOURCE WATER (well, river, lake)	b) Quantitray 2K/ MPN (SM 9223 Idexx)		

NAME _____ ADDRESS _____ CITY _____ PHONE # _____ EMAIL _____ PWS System # _____ Location Name _____ Collected Date & Time _____ Collected By _____	Time Stamp Sample Drop Off Here
--	---------------------------------

Relinquished By:	Signature, Date & Time
-------------------------	------------------------

Accepted By:	Signature, Date & Time
---------------------	------------------------

Temperature:	Volume:	Comments:
	<i>Pipette Lot #(if used):</i>	

circle MEDIA used: Colilert Colitag Media Lot # _____ Quality Control (Color/ Fluorescence)

Bottle Lot # _____	Date Set Up _____	Time Set Up _____	Initials _____	Temp IN _____	MICRO ID# _____	EC _____	KA _____	SA _____	Temp OUT _____
--------------------	-------------------	-------------------	----------------	---------------	-----------------	----------	----------	----------	----------------

<i>Presence/ Absence: Total Coliform/ E. coli</i>					Reported RESULTS: Total Coliform E. coli		
Date	Time	Init.	Time	Total Coliform :			E. Coli
			24				
			28				

<i>Quantitray 2K, or MPN : Dilution _____</i>					ANALYST VALIDATED:		
Date	Time	Init.	Time	Total Coliform :			E.Coli
			24				
			28				

NOTIFICATION:

(revised 12/23/2019)