



Kathe Barton
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INYO COUNTY WATER LAB ELAP# 1680
 168 N Edwards St., Independence, California 93526
 Tel (760) 878-0234

Customer Information (Please complete one lab slip per water system or owner)				Customer #	Date And Time Samples Dropped Off, Signature		
Customer Name:					<input type="checkbox"/> County Office Building Bishop <input type="checkbox"/> Independence Lab		
Mailing Address:					Date _____ Time _____ Signature _____		
Contact Name:		Email:		Phone:		By signing sample date, time, and drop off location, I certify that the sample(s) were transported on ice to begin the chilling process.	
Water System Name and ID# Or Owner Name and Address	Sample Collection Location	Sample Date and Time	Sampler Initials	Bottle ID Information and Collector Remarks	LAB USE ONLY		
					Lab ID#	Total Coliform	E. coli
					<input type="checkbox"/> Presence <input type="checkbox"/> Absence _____mpn	<input type="checkbox"/> Presence <input type="checkbox"/> Absence _____mpn	
Sample Type <input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Other:	Water Type <input type="checkbox"/> Potable <input type="checkbox"/> Pool <input type="checkbox"/> Surface Water <input type="checkbox"/> Other:	Is Sample Chlorinated? <input type="checkbox"/> No <input type="checkbox"/> Yes Residual:	Test Type <input type="checkbox"/> PA <input type="checkbox"/> QT <input type="checkbox"/> QT2000				
					<input type="checkbox"/> Presence <input type="checkbox"/> Absence _____mpn	<input type="checkbox"/> Presence <input type="checkbox"/> Absence _____mpn	
Sample Type <input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Other:	Water Type <input type="checkbox"/> Potable <input type="checkbox"/> Pool <input type="checkbox"/> Surface Water <input type="checkbox"/> Other:	Is Sample Chlorinated? <input type="checkbox"/> No <input type="checkbox"/> Yes Residual:	Test Type <input type="checkbox"/> PA <input type="checkbox"/> QT <input type="checkbox"/> QT2000				
					<input type="checkbox"/> Presence <input type="checkbox"/> Absence _____mpn	<input type="checkbox"/> Presence <input type="checkbox"/> Absence _____mpn	
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Notes/Notifications: _____							

