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

Example Slip

Jerry Oser Lab Director/Technical Manager



Customer & Billing: (Please complete one lab slip per water system)				AL FORME	
Customer Name:					
Water System Name: Water System ID:				Sample Drop Off:	
Billing Contact Name:	Email:	Phone:		Mark the Drop Off Location:	
				Bishop Location Independence Lab	
Billing Address:	City: State: Zip:		Drop Off Date/Time:Init:		
Sample Collection Location	Sample Date & Time	Bottle ID	Sampler Init.	Sampler Name:	
•	•			Sampler Phone:	
				Lab Use:	
				Rec'd Date/Time: Init:	
Sample Type ☐ Routine ☐ Repeat ☐ Investigation	Water Type ☐ Potable ☐ Surface Water	Is Sample Chlorinated? No Yes	Test Type ☐ P/A ☐ QT		
Other:	Other:	Residual: PPM	☐ QT2000		
				Result Notifications:	
				Positive Result Notification Phone Contact:	
Sample Type	Water Type	Is Sample Chlorinated?	Test Type	Name:Phone:	
☐ Routine ☐ Repeat ☐ Investigation ☐ Other:	Potable Surface Water Other:	☐ No ☐ Yes Residual: PPM	☐ P/A ☐ QT ☐ QT2000	Result Email Contacts:	
				 Email:	
				Email:	
Sample Type	Water Type	Is Sample Chlorinated?	Test Type	_	
Routine Repeat Investigation	Potable Surface Water	□ No □ Yes	□P/A □ QT	Email:	
Other:	Other:	Residual: PPM	☐ QT2000	Email:	
				Notes:	
Sample Type	Water Type	Is Sample Chlorinated?	Test Type	1	
☐ Routine ☐ Repeat ☐ Investigation ☐ Other:	Potable Surface Water Other:	☐ No ☐ Yes Residual: PPM	□ P/A □ QT □ QT2000		
Culei.	Oulei.	nesiuuai. Pri ^y	<u> </u>	<u></u>	
Sample Type ☐ Routine ☐ Repeat ☐ Investigation	Water Type ☐ Potable ☐ Surface Water	Is Sample Chlorinated?	Test Type	1	
Other:	Other:	☐ No ☐ Yes Residual: PPM	☐ P/A ☐ QT ☐ QT2000		