

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



<b>Customer &amp; Billing:</b> (Please complete one lab slip per water system)			
Customer Name: _____			
Water System Name: _____		Water System ID: _____	
Billing Contact Name: _____	Email: _____	Phone: _____	
Billing Address: _____	City: _____	State: _____	Zip: _____

<b>Sample Drop Off:</b>	
<b>Mark the Drop Off Location:</b>	
<input type="checkbox"/> Bishop Location	<input type="checkbox"/> Independence Lab
Drop Off Date/Time: _____ Init: _____	
Sampler Name: _____	
Sampler Phone: _____	
<b>Lab Use:</b>	
Rec'd Date/Time: _____ Init: _____	

Sample Collection Location	Sample Date & Time	Bottle ID	Sampler Init.
<b>Sample Type</b> <input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Investigation <input type="checkbox"/> Other: _____	<b>Water Type</b> <input type="checkbox"/> Potable <input type="checkbox"/> Surface Water <input type="checkbox"/> Other: _____	<b>Is Sample Chlorinated?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Residual: _____ PPM	<b>Test Type</b> <input type="checkbox"/> P/A <input type="checkbox"/> QT <input type="checkbox"/> QT2000
<b>Sample Type</b> <input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Investigation <input type="checkbox"/> Other: _____	<b>Water Type</b> <input type="checkbox"/> Potable <input type="checkbox"/> Surface Water <input type="checkbox"/> Other: _____	<b>Is Sample Chlorinated?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Residual: _____ PPM	<b>Test Type</b> <input type="checkbox"/> P/A <input type="checkbox"/> QT <input type="checkbox"/> QT2000
<b>Sample Type</b> <input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Investigation <input type="checkbox"/> Other: _____	<b>Water Type</b> <input type="checkbox"/> Potable <input type="checkbox"/> Surface Water <input type="checkbox"/> Other: _____	<b>Is Sample Chlorinated?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Residual: _____ PPM	<b>Test Type</b> <input type="checkbox"/> P/A <input type="checkbox"/> QT <input type="checkbox"/> QT2000
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<b>Sample Type</b> <input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Investigation <input type="checkbox"/> Other: _____	<b>Water Type</b> <input type="checkbox"/> Potable <input type="checkbox"/> Surface Water <input type="checkbox"/> Other: _____	<b>Is Sample Chlorinated?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Residual: _____ PPM	<b>Test Type</b> <input type="checkbox"/> P/A <input type="checkbox"/> QT <input type="checkbox"/> QT2000

<b>Result Notifications:</b>	
<b>Positive Result Notification Phone Contact:</b>	
Name: _____	Phone: _____
<b>Result Email Contacts:</b>	
Email: _____	
Email: _____	
Email: _____	
Email: _____	

<b>Notes:</b> _____
_____
_____
_____
_____