



Account # _____

Lab # _____

Date & Time _____

MADERA COUNTY PUBLIC HEALTH LABORATORY

14215 Road 28, Madera, CA 93638

Phone (559) 675-7893 Fax (559) 674-7262

ELAP Certification # 1380 Gerald A. Peterson, Laboratory Director

REQUEST FOR CHEMICAL AND BACTERIOLOGICAL ANALYSES OF DRINKING WATER

Client (Name of Company, Institution, Agency or Person) _____ Attention (First and Last Name) _____

Address of Client _____ City of Client _____ State _____ Zip Code _____

Phone Number _____ Alt. Number _____ Fax Number _____ Collector/Inspector _____ Time/Date Collected _____

Sample Point (Description by Address, System, Sample Site, Location, etc.) _____ Reg. Agency _____

Water Sys # or Producer # _____ Census Tract Number _____ A.P.N. Number _____ Well Number of Route _____

SYSTEM TYPE:

- 01 Public Drinking Water
- 02 Private Drinking Water
- 03 Dairy
- 04 Labor Camp
- 99 Other

SAMPLE TYPE:

- 01 Routine
- 02 Repeat
- 03 Replace
- 04 Special
- 99 Other

SAMPLE SOURCE:

- 01 Water Bacteriological Sample Site
- 02 Route
- 03 Well
- 04 Storage Tank
- 05 GAC
- 06 Surface Well
- 07 Lake/River/Creek/Canal/Pond
- 08 Spring box
- 09 Swimming Pool
- 10 Spa
- 99 Other

Temperature of sample upon receipt: 01 Refrigerated 02 Ambient 03 Frozen 04 Above ambient temp.

Sample Preservation: 00 No preservation 01 Sodium Thiosulfate 02 HN03 03 HCL 99 Other

Chain of custody report requested: Yes Initiated By: _____

Comments: _____

CIRCLE TEST(S) AND/OR PANEL(S) REQUESTED

- A. Primary Metals B. General Metals C. General Water Quality D. Anions D4. Nitrate D5. Nitrite
- E. EPAMethod 504 (DBCP & EDB) E1. DBCP Only E2. EDB Only E3. EPAMethod 504.1 (DBCP, EDB & 1,2,3-TCP)
- F1. EPA 505 F2. EPA 507 F3. EPA 508 F4. EPA 515 F5. EPA 525 F6. EPA 531 F7. EPA 547 F8. EPA 548
- G. EPA Method 502.2 G1. EPA 502.2 (single analyte) G2. MTBE G3. Trihalomethanes G4. BTEX G5. TPH
- H. Radiological Tests H1. Gross Alpha H2. Gross Beta H3. Uranium H4. Radium-226 H5. Radium-228
- I. Special Analyses: 1. Bicarbonate 2. Carbonate 3. Corrosivity 4. MBAS 5. Threshold Odor 6. TDS
- 7. Hydrogen Sulfide 8. Silica 9. Total Phosphorus 10. Ortho-Phosphate 11. Dissolve Phosphorus
- 12. Ammonia 13. Hydroxide 14. CTAS 15. Cyanide 16. Grease & Oil 17. Abestos 18. TOC
- J. 1. 10-tube MPN for Coliform & Fecal Coliform (48hr) 2. 5-5-5 MPN for Coliform & Fecal Coliform
- 3. Clark's Presence-absence Test (48hr) 4. Heterotrophic Plate Count
- 5. Colilert Test (Water Bacteriological Test/Presence-Absence Qualitative)
- 6. Colilert Test (Water Bacteriological Test/10-Tube Qualitative)
- 7. MPA/Giardia & Cryptosporidia 8. Iron/Sulfur Bacteria 9. Fecal Streptococcus 10. Pseudomonas
- K. 1. Inorganic Chemicals (Table 64447.2-A) Other Test: _____
- 2. Secondary Standards (Table 64449-A) _____
- 3. Secondary Standards (Table 64449-B) _____

HGP*	
PNT	
SBB	
LBB	
40V	
OTR	
BAC	
OTR	

FOR LABORATORY USE ONLY

Pay Code: _____ Total Charge: \$ _____ Billing address if different from above _____

Paid in full: Date _____ Initial _____

Receipt _____

FAX PHONE ENTERED REPORTED