



ACCOUNT #

LAB NUMBER

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 Tact 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

**RECOMMENDED WATER QUALITY TESTING FOR THE MOUNTAIN AREA
ABOVE THE 500 ELEVATION. COST \$101.00 SPMAD**

<i>Constituent</i>	<i>Frequency</i>	<i>Sampling Location</i>
1. Aluminum	3 years	Well
2. Arsenic	3 years	Well
3. Coliform Bacteria	Annual	Dwelling
4. Copper	3 years	Dwelling*
5. Fluoride	3 years	Well
6. Iron	3 years	Well
7. Gross Alpha	3 years	Well
8. Lead	3 years	Dwelling*
9. Manganese	3 years	Well
10. Nitrate	Annual	Well
11. PH	3 years	Well
12. SEC	prior to sampling @	Well

*Sampling Location: In the dwelling. Let water sit in the pipes for at least 6 hours and then sample the first water from the faucet.

**PLEASE SAMPLE SAME DAY
AS DROP OFF TO INSURE 30 HR.
LIMIT ON BACTI SPECIMEN**