

Environmental Testing Requisition – Instructions

1. If desired, use your own sample collection control number
2. Your account number appears on pre-printed requisitions
3. Describe the point that a sample is collected, such as "spigot", "sink faucet", "hose bib 2" etc. OR a Primary Station Code (PSC) number if raw water.
4. Your name or the name of the organization that is ordering the test, will receive the report and is responsible for payment.
5. physical address of the sampling location (NOT a PO box)
6. Customer street address followed by city, state and zip code for mailing reports
7. If a public water system – the name of the system.
8. Organizational contact name followed by phone and fax numbers
9. If a public water system – the ID number
10. If a report is required by another party indicate to whom a copy of the report is to be sent.
11. Collection Date and Time
12. Billing information
13. Sampler Signature (required for water system regulation)
14. Indicate by check box the sample type (required for water system regulation)
15. If a free Chlorine test is performed in the field at collection, record in this field
16. Indicate the sample source
17. Select Test to be performed.
18. Signature of the person who delivered the sample to the laboratory with date/time and the signature of the laboratory staff person who received with date/time.



SAN LUIS OBISPO COUNTY PUBLIC HEALTH LABORATORY

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THIS SPACE RESERVED FOR PUBLIC HEALTH LAB USE

SAMPLE SITE			SUBMITTER				
Sample Control # 1			Account 2				
Sampling Point (If raw water source, include Station Code #) 3			Submitter Name 4				
Street Address (Location) 5			Street Address 6				
City	State	CA	ZIP	City	State	CA	ZIP
Water System Name 7			Name of Contact 8				
PWSID # 9			Phone			FAX	
Comments			Send Reports To 10				
SAMPLE COLLECTION			BILLING				
Collection Date 11 Collection Time			<input type="checkbox"/> Send Invoice To			12	
Sampler Signature (Legible) 13							
Reason for Testing (Sample Type): 14			Amount Paid			<input type="checkbox"/> Check # <input type="checkbox"/> Cash <input type="checkbox"/> Fee Waived	
<input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Replacement <input type="checkbox"/> Special <input type="checkbox"/> Other			\$			<input type="checkbox"/> VISA <input type="checkbox"/> MC Exp. Date	
Free Chlorine Residual (If Reported) 15			Card #				
Comments							
			16 SAMPLE SOURCE				
<input type="checkbox"/> Drinking Water (Distrib. System)	<input type="checkbox"/> Ocean Water	<input type="checkbox"/> Shellfish Water	<input type="checkbox"/> Irrigation Water				
<input type="checkbox"/> Drinking Water (Raw Water, Well)	<input type="checkbox"/> Surface Water	<input type="checkbox"/> Lake Water	<input type="checkbox"/> Shellfish Meat				
<input type="checkbox"/> Raw Water (GWR)	<input type="checkbox"/> Wastewater	<input type="checkbox"/> Creek Water	<input type="checkbox"/> Other (Specify):				
<input type="checkbox"/> Raw Water (Quarterly)	<input type="checkbox"/> Sewage	<input type="checkbox"/> Effluent					
			17 TEST ORDER				
<input type="checkbox"/> 8040 Total Coliforms/E.coli P/A	SM 9223	<input type="checkbox"/> 8040 Heterotrophic Plate Count	SM 9215B				
<input type="checkbox"/> 8025 Total Coliforms/E.coli MPN	SM 9223	<input type="checkbox"/> 8069 Salinity	Refractometry				
<input type="checkbox"/> 8020 Fecal Coliforms MTF	SM 9221E	<input type="checkbox"/> 8070 Fecal Coliforms, Shellfish Meat	APHA Method				
<input type="checkbox"/> 8910 Fecal Coliforms A-1	SM 9221E	<input type="checkbox"/> 9005 Domoic Acid, Shellfish Meat	EIA				
<input type="checkbox"/> 8400 Total/Fecal Coliforms Wastewater	SM 9221B,E	<input type="checkbox"/> Other (Specify):					
<input type="checkbox"/> 8010 Enterococci MPN	SM 9230						
			18 CUSTODY				
Relinquished By	Date	Time	Relinquished By	Date	Time		
Received By	Date	Time	Received By	Date	Time		