

Environmental Testing Requisition

Instructions

- **Complete all** highlighted fields of the form.
- **Sample ID #:** You make this up, write it on the bottle and form (for example, collector's initials and the date: JS-25).
- **Account #:** Leave blank if you do not have one.
- **Reason for Testing:** Select "Routine" for regular testing, "Retest" for resampling a failed test, "Replacement" if an initial sample was rejected or invalidated, or rarely "Survey."
- **Free Residual Chlorine:** Does not apply to most testing; fill out if chlorine was measured in the field at collection.
- **Temperature Upon Receipt:** Recorded by Public Health staff.
- **Test Order 8040:** The standard water quality test for drinking water and well water monitoring.
- **Other Test Orders:** Call Laboratory for help selecting appropriate test. (805) 781-5507.
- **Custody Transfer:** To be signed at time of submission.

General Notes

- **Fill Level:** Fill sample to the black fill line; under-filling will result in rejection. Overfilling will alter the concentration of the additive in the bottle and may result in a rejected sample.
- **Temperature:** Store sample in the refrigerator (2-8°C) if it cannot be delivered immediately. It is recommended to transport the sample in a cooler on ice. **Do not freeze.**
- **Holding Time:** 30 hours (from time of collection to time test is set up). However, it is recommended to deliver to the Laboratory as soon as possible.
- **Delivery:** Samples accepted M–Th from 8:00 am–3:30 pm.
- **Results:** Results are primarily emailed; otherwise, faxed or USPS. If a drinking water sample is positive, the submitter will also be called.
- **Fee:** 8040 test is \$48 (7/2025 to 6/2026)



**COUNTY OF SAN LUIS OBISPO
PUBLIC HEALTH LABORATORY**
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ELAP: 2114

THIS SPACE RESERVED FOR PUBLIC HEALTH LAB USE

SAMPLE COLLECTION			SUBMITTER		
Sample ID # (you make this up, must also be on sample container)			Account #		
Sampling Location (well/head/kitchen sink/etc.)			Submitter Name		
Sampling Street Address		<input type="checkbox"/> Same as Submitter Location	Submitter Street Address		
City	State	ZIP	City	State	ZIP
Comments:			<input type="checkbox"/> Same as Above		
			Fax		
			Email (please print clearly)		

Example only

SAMPLE COLLECTION		BILLING	
Collection Date	Collection Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Send Invoice To	<input type="checkbox"/> Same as Above
Sample Collector Name (please print clearly)			
Sample Collector Signature			
Reason for Testing <input type="checkbox"/> Routine <input type="checkbox"/> Survey <input type="checkbox"/> Replacement <input type="checkbox"/> Retest <input type="checkbox"/> Other		Amount Paid \$	
Free Residual Chlorine (if reported)		<input type="checkbox"/> Visa #:	Exp. Date
		<input type="checkbox"/> MC #:	
Temperature Upon Receipt (°C) & Thermometer Number Used		<input type="checkbox"/> Check #:	<input type="checkbox"/> Cash <input type="checkbox"/> Fee Waived

SAMPLE SOURCE			
<input checked="" type="checkbox"/> Drinking Water	<input type="checkbox"/> Pool/Spa Water	<input type="checkbox"/> Creek/Stream/Lake Water	<input type="checkbox"/> DI (deionized) Water
<input type="checkbox"/> Irrigation Water	<input type="checkbox"/> Hot Tub Water	<input type="checkbox"/> Dental Water	<input type="checkbox"/> Other (specify):

TEST ORDER	
<input checked="" type="checkbox"/> 8040 Total Coliforms/E. coli-Bacterial Presence/Absence-Drinking Water Quality (SM 9223 Idexx Colliert)	
<input type="checkbox"/> 8350 Total Coliforms/E. coli, undiluted, Most Probable Number (SM 9223 Idexx Colliert QuantiTray)	<input type="checkbox"/> 8045 Heterotrophic Plate Count-HPC (SM 9215B)
<input type="checkbox"/> 8910 Thermotolerant (Fecal) Coliforms MPN-A1 (SM 9221E A1 MTF)	<input type="checkbox"/> 9300 Surface Sanitation Culture
<input type="checkbox"/> 8069 Salinity (Refractometry)	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> 8025 Total Coliforms/E. coli, diluted, MPN (SM 9223 Idexx Colliert QuantiTray)	
<input type="checkbox"/> 8010 Enterococci, diluted, MPN (SM 9230 Idexx Enterolert QuantiTray)	

CUSTODY TRANSFER					
Relinquished By	Date	Time	Received By	Date	Time
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Requisition 200 Environmental Updated 24 June 2022