

INYO COUNTY WATER LAB, ELAP #1680
 168 N Edwards St., Independence, CA 93526
 Tel (760) 878-0234

Jerry Oser
 Lab Director/Technical Manager



Customer & Billing: (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: _____

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

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

Notes: _____

