



Long Beach Water Department
 The Standard in Water Conservation &
 Environmental Stewardship

Water Bacteria Sample Request Form

Company Name _____ Phone # _____

Address _____ City _____ Zip Code _____ Fax # _____

Requested by _____ Site Office # _____ Cell # _____

Job Name _____ Sample Address _____

Contact Person _____ Cell # _____ # of Samples _____

Inspectors Name _____ Cell # _____

(Please make sure Job Inspector information is filled out prior to requesting samples).

Sample Locations = Please list East/West and North/ South.

(Sample) 1. e/w Hill st at Fire hydrant n/s Baltic ave @ 6' north of Hill st

1. e/w _____ n/s _____

2. e/w _____ n/s _____

3. e/w _____ n/s _____

4. e/w _____ n/s _____

5. e/w _____ n/s _____

6. e/w _____ n/s _____

7. e/w _____ n/s _____

8. e/w _____ n/s _____

1st Sample Date _____ Time _____ 2nd Sample Date _____ Time _____

All samples need 2 days before results are ready. 1st set of sample shall not start later than Wednesday unless emergency approval by the Lab Manager. There will be an extra cost for this service for Lab staff to perform testing on the weekend. No samples will be scheduled until fees are paid to the Long Beach Water Department Planning Division at (562) 570-2382. 1800 East Wardlow Road, Long Beach, Ca. 90807.

Contact your Inspector, if you have questions concerning your Water Testing Results.

Long Beach Water Department Use Only Below

Laboratory Results: 1st Day Sample: Pass ___ Fail ___ Reported to: _____ Date: _____
 (Preliminary) 2nd Day Sample: Pass ___ Fail ___ Reported to: _____ Date: _____

If results indicate "Fail" two consecutive "Pass" is required before line is cleared for service.

Results Given By _____ Date _____ Time _____ Advised Contractor Time _____

Contractor Contact _____ Flush Only ___ Flush & Resample ___ Chlorinate & Flush ___

Contractor Results Notification Date _____ Contact _____ Time _____

Treatment Plant Fax #:(562) 426-9625 Lab Manager (562) 570-2482 Inspectors Fax #:(562) 570-2330