

Quarterly BACT. Report

BACTERIOLOGICAL EXAMINATION OF DRINKING WATER SANTA BARBARA COUNTY PUBLIC HEALTH DEPARTMENT

Water Supply Name Ronald Community Water Co Laboratory # W0096
 Location Address Well adjacent to 5639 W. Camino Cielo Permit # 500583
 Sample Point Tap at Booster Tank Source Well Water
 Type of Sample: Routine Repeat Other _____ Sanitary Notes: _____

Collected by Dean May Date/Time 3-4-08, 8 AM Ch 0-7 ppm
 Notification Phone # 967-3313
 Instructions to Laboratory: FAX 967-3313 *51

PUBLIC HEALTH LABORATORY USE ONLY		
Date/Time Received	<u>3/4/08 1 105</u>	NOTIFICATION
Date/Time Planted	<u>3/4/08 1 1045</u> <u>smk</u>	
MMO/MUG	Total Coliforms: Absent <input checked="" type="checkbox"/> Present ()	Person Notified
	E. coli: Absent () Present ()	Date/Time Notified
Other Method - Specify	Total Coliforms: Absent () Present ()	Notified by
	E. coli () or Fecal Coliforms (): Absent () Present ()	Comments:
Date/Time Reported	<u>5 Mar 08 1 1045</u>	Tested by <u>Kitson</u>

Opinion _____

Signed _____

HCS-58 Rev. 11/02

Environmental Health Services

3-6-08 Copies to Bill Hurst, Water Co. Pres
 & David Brummond, Co Health
 from Dean May
967-3313