

**Santa Barbara County Public Health Laboratory**

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ELAP/PHM Director: Debra Palacio

CLIA ID#: 05D0683431

Medicare: 55-L08821

California Approved Public Health Laboratory #1277

**Patient:** Water, Dean May

**DOB:** 01/01/2001

**Age and Gender:** 17y U

**Address:**

**Phone:**

**MRN:** 16-131-001

**Patient #:** 16-131-001

**Submitted by:** Dean May - Romaldo  
Community Water Co.

**Provider Name:** Collector, Collector

**Address:**

**Specimen Accession #**

**Client MRN #**

**Order #**

**Date Received:** 06/11/2018 10:00AM

**Colliert 24**

Final - Approved 06/12/2018 4:17PM

SID: C2418-0068

Collected: 06/11/2018 7:45AM

Specimen: Water

Approving Micro: CW

**TEST**

Water Collector

Water Source

Cl2 ppm

Water Sample Temperature

Coli-24

**RESULT**

Dean May

Tap at Booster Tank

0

16.00

Absence coliform bacteria

— WATER TESTED OK

— A COPY of this was sent to  
DEANNA TALERICO @ County Health

— This is a bill for Services:  
Bacteria Sampling # 43.00

Mail to: DEAN MAY  
237 FIR TREE PL  
GOLETA CA 93117

Thank you.

Phone 968-1918 Home  
259-5975 cell