

Monthly Readings

Please submit a monthly bacteriological report for Total Coliform from a certified lab with this form.

Reporting Period Month/Year: _____ Date of Report: _____

Property Address: _____

Property Contact: _____ Property Code: _____

Pressure

Pre Filtration: _____ Post Filtration: _____

Turbidity

Pre Filtration: _____ Post Filtration: _____

Water Flow

Result: _____

UV Light

On: _____ Off: _____

Technician

Name: _____

Equipment Changes/ Comments

Site Visit Comments (i.e. special concerns, findings, etc.)

Submit monthly readings by the 10th of each month. Please send by email to the following email addresses:

Jorge Perez, jorgeperez@co.imperial.ca.us | Vanessa Ramirez, vanessaramirez@co.imperial.ca.us